



# 2002 NVAA Application Form

Three Concurrent Sites: June 23-28, 2002

Select Preference (Indicate Numerical Order of Choices)

- California State University-Fresno, Fresno, CA  
 Medical University of SC, Charleston, SC  
 Washburn University, Topeka, KS

Note: Please type Application Form

Name	Date	
Organization		
Work Address		
Work Phone (    )	Fax (    )	
Home Address		
Home Phone (    )	Email	
Current Position	<input type="checkbox"/> Managerial	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
Education/Degree(s)	Year	Major

If accepted, I am interested in receiving three units of academic credit for a fee of \$120:

- Undergraduate     Graduate

## 1. Select the *jurisdiction* and *one category* below that *best* describes the type of organization you represent:

**Jurisdiction:**     Federal     State     Local     International

### Criminal Justice-based

- Police/Sheriff-based  
 Prosecution-based  
 Court-based  
 Probation-based  
 Corrections-based  
 Parole-based  
 Juvenile Justice-based

### Community/Nonprofit-based

- All Victims  
 Sexual Assault  
 Domestic Violence  
 Child Abuse  
 Drunk Driving  
 Homicide Support  
 Missing/Exploited Children  
 Elderly Victims

### Additional Agencies

- Youth Services  
 Native Americans  
 Religious  
 Hospital/Medical  
 State VOCA Assistance Staff  
 State Victim Compensation Staff  
 Other \_\_\_\_\_

## 2. Please indicate the types of victims that you *primarily* serve below. (Check no more than *three* boxes.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Domestic Violence             | <input type="checkbox"/> Drunk Driving              | <input type="checkbox"/> Native Americans                        |
| <input type="checkbox"/> Sexual Assault                | <input type="checkbox"/> Assault/Robbery            | <input type="checkbox"/> Property/Economic Crime/Fraud           |
| <input type="checkbox"/> Child Abuse                   | <input type="checkbox"/> Elderly Victims            | <input type="checkbox"/> Special Needs/Victims with Disabilities |
| <input type="checkbox"/> Survivors of Homicide Victims | <input type="checkbox"/> Missing/Exploited Children | <input type="checkbox"/> Other _____                             |

## 3. Please indicate the types of services that you *primarily* provide for crime victims in your current position. (Check no more than *five* boxes.)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Crisis Intervention   | <input type="checkbox"/> Criminal Justice System Advocacy   | <input type="checkbox"/> Legal Advocacy                    |
| <input type="checkbox"/> 24-hour Hotline       | <input type="checkbox"/> Court Accompaniment                | <input type="checkbox"/> Information/Referral              |
| <input type="checkbox"/> Emergency Medical     | <input type="checkbox"/> Restitution Assistance             | <input type="checkbox"/> Training and Technical Assistance |
| <input type="checkbox"/> Shelter               | <input type="checkbox"/> Notification                       | <input type="checkbox"/> Transportation                    |
| <input type="checkbox"/> Short-term Counseling | <input type="checkbox"/> Victim Impact Statement Assistance | <input type="checkbox"/> Child Care                        |
| <input type="checkbox"/> Long-term Counseling  | <input type="checkbox"/> Compensation Claim Assistance      | <input type="checkbox"/> Other                             |

**4. Please briefly summarize your current and previous experience assisting crime victims and other relevant employment in the last five years. Provide position, responsibilities, and dates of service in chronological order.**

Position \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization \_\_\_\_\_

Position \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization \_\_\_\_\_

**5. Please *briefly* state why you want to attend the National Victim Assistance Academy and how your participation will be of benefit to you (professionally and personally), your organization, and your community. Please include any additional, *brief* information that you believe is important for the applicant selection committee to consider.**

**6. Are you willing to be contacted as part of an independent evaluation of the 2002 National Victim Assistance Academy?  Yes  No**

**7. By signing below, please signify your commitment to attend the full 40-hour course and make all travel arrangements accordingly.**

\_\_\_\_\_  
Name (typed): \_\_\_\_\_ Date: \_\_\_\_\_

**8. Please mail the original and two (2) copies of your completed application form, with signed commitment, and two (2) written letters of recommendation, to:**

**VALOR**

Victims' Assistance Legal Organization, Inc  
8180 Greensboro Drive, Suite 1070  
McLean, Virginia 22102-3823

**Telephone:** (703) 748-0811  
**Toll Free:** (877) 748-NVAA  
**Websites:** [www.nvaa.org](http://www.nvaa.org)  
[www.valor-national.org](http://www.valor-national.org)

**Your application package must be received *no later than Friday, April 5, 2002*. Fax copies will not be considered.**

***The National Victim Assistance Academy warmly welcomes international applicants. Please note, however, that all Academy sessions will be conducted in English.***