

**2007 Application Form
 Pennsylvania Victim Assistance Academy
 June 11 - 15, 2007**

(Please type)

Name: _____ Date: _____

Organization: _____

Work Address: _____ Home Address: _____

Work Phone: () _____ Home Phone: _____

Work Fax: () _____ Email: _____

Current Position: _____ Paid Volunteer

Number of years of direct victim service _____ From: _____ To: _____

Education/Degree(s): _____ Year: _____ Major: _____

I am interested in receiving undergraduate credit. Yes No

1. Select the **single category** that **best** describes the type of organization you represent.

Criminal Justice

- Police-based
- District Attorney-based
- Court-based
- Adult Probation-based
- Adult Corrections-based
- Juvenile Probation-based
- Juvenile Corrections-based
- Federal System-based
- Sheriff-based

Community/Nonprofit

- All Victims
- Sexual Assault
- Domestic Violence
- Child Abuse
- Other Serious Crime Victims
- Homicide
- Drunk Driving
- Elderly

Additional Agencies

- Religious
- Hospital/Medical
- PCCD Bureau of Victims' Services
- Office of the Victim Advocate
- Other: _____

2. Please indicate the types of victims you **primarily** serve.

- | | | |
|--|--|---|
| <input type="checkbox"/> Assault/Robbery | <input type="checkbox"/> Immigrant Populations | <input type="checkbox"/> Victims w/Disabilities |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Property/Economic Crime/Fraud | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Drunk Driving | <input type="checkbox"/> Survivors of Homicide Victims | _____ |
| <input type="checkbox"/> Elderly Victims | | |

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

- | | | |
|--|---|--|
| <input type="checkbox"/> 24-Hour Hotline | <input type="checkbox"/> Information/Referral | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Legal/Civil Advocacy | <input type="checkbox"/> Short-Term Counseling |
| <input type="checkbox"/> Comp. Claim Assistance | <input type="checkbox"/> Long-Term Counseling | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Court Accompaniment | <input type="checkbox"/> Medical Advocacy | <input type="checkbox"/> Victim Impact Statement Assist. |
| <input type="checkbox"/> Criminal/Juv. System Advocacy | <input type="checkbox"/> Notification | <input type="checkbox"/> Victim/Offender Mediation |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Restitution Assistance | <input type="checkbox"/> Other: _____ |

4. Briefly summarize your current and previous experience assisting crime victims and other relevant employment in the last three years. Provide position, responsibilities and dates of service from most recent to past. Please attach resume if available.

Position: _____ From: _____ To: _____

Organization: _____

Responsibilities: _____

Position: _____ From: _____ To: _____

Organization: _____

Responsibilities: _____

5. Briefly state why you want to attend the Pennsylvania Victim Assistance Academy Training and how your participation will benefit you professionally and personally. Include any additional information you believe important for the application selection committee to consider.

6. Please signify your commitment to attend the full 40-hour course and make all travel arrangements accordingly by signing below:

Type name and sign

Date

7. Please mail your completed application form, signed commitment statement (no. 6) and two (2) written letters of recommendation (one from your program director) to:

**Pennsylvania Victim Assistance Academy
Center for Professional Training and Development
The University of Scranton
Scranton, Pennsylvania 18510**

THANK YOU!