

**Mass Disaster Training**

**2015 Student Application**

(Type or print clearly)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Paid **\_\_\_\_\_** or Volunteer\_\_\_\_\_

Number of years of direct victim service \_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education/Degree(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Criminal Justice Community Nonprofit Additional Organizations**

**\_** Police-based **\_** Homicide \_ Faith-based

**\_** Court-based **\_** Domestic Violence \_ Hospital/Medical

**\_** Corrections-based  **\_** Sexual Violence \_ Media

**\_** Military-based **\_** Child Abuse \_ Government (please list)

**\_** Juvenile-based **\_** Stalking \_Other (please list)

**\_** Other: (please list) **\_** Property Crime

**\_** Economic

**\_** Other: (please list)

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

**\_** Assault/Robbery **\_** Immigrant Populations **\_**Victims with Physical Disabilities

**\_** Child Abuse **\_** Property Crime **\_** Victims with Mental Disabilities

**\_** Domestic Violence **\_** Economic / Fraud **\_** Other: (please list)

**\_** Drunk Driving **\_**Sexual Assault

**\_** Elderly Victims **\_**Teens and Adolescents

**\_** LGBTQ **\_** Trafficking

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

**\_** 24-Hour Hotline **\_** Information/Referral **\_** Shelter

**\_** Child Care **\_** Legal/Civil Advocacy **\_** Short-Term Counseling

**\_**Comp. Claim Assistance **\_** Long-Term Counseling **\_** Victim Impact Statement

**\_** Court Accompaniment **\_** Medical Advocacy **\_** Other: (please list)

\_ Criminal/Juv. System Advocacy \_ Notification

\_ Crisis Intervention \_ Restitution Assistance

4. Briefly summarize your current or previous experience assisting emergency victims in the last three years. Provide position, responsibilities and dates of service from most recent to past.

Position: From: To:

Organization:

Responsibilities:

**Commitment Statement**

5. Successful applicants must commit to the entire 13-hour (2-day) training. Tuition is included at no cost. Meals are not included. Attendees must make their own travel arrangements. Please signify your commitment to complete the full 13-hour (2-day) training.

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Applicant print name and sign Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Supervisor print name and sign Date

**\*\* Supervisor’s signature consents to applicant’s participation of 13 hours of DCVAA required attendance during regular work hours.**

**\*\*Supervisor’s support for the Academy consents to long-term case management and advocacy for the mass disaster victims served at the Family Assistance Center.**

**The application deadline is October 15, 2015.** Signed applications and attachments may be emailed in PDF format to **OVS@dc.gov**:

**DC Victim Assistance Academy**

**Office of Victim Services and Justice Grants**

**441 4th Street NW #727N**

**Washington, DC 20001**