



2016 Victim Assistance Academy of Nevada Student Application

Victim Assistance Academy of Nevada (VAAN)

The Division of Child and Family Services, in partnership with Reno Police Department, Nevada Network Against Domestic Violence, Nevada Attorney General's Office, Nevada Victims of Crime Compensation Program, University of Nevada, Reno-School of Social Work, Clark County District Attorney's Office, Las Vegas Metropolitan Police Department, Advocates to End Domestic Violence, Crisis Call Center, Pyramid Lake Paiute Tribe, Rape Crisis Center, UNLV Jean Nidetch Women's Center, Nellis Air Force Base and The Center, are planning and hosting a 40-hour State Victim Assistance Academy August 14-19, 2016 at the Silver Legacy Resort and Casino in Reno, Nevada.

The goals of the academy are to:

1. Encourage diverse participation;
2. Provide an experiential format for learning;
3. Utilize a diverse faculty of victim service practitioners who have expertise in various victim issues, and staff from other agencies that support victim intervention and restoration; and
4. Continuously evaluate student feedback and experiences to improve future academies.

The benefits of attendance will be:

1. An increase in knowledge and skills related to serving victims of crime.
2. Professional growth from VAAN's victim-centered curriculum and innovative adult learning techniques.
3. Create new and strengthen existing relationships with other victim service professionals across Nevada.

Student Eligibility:

1. Applicant is a direct provider of victim services.
2. Applicant serves in a paid victim services position; or a volunteer that works in a staff capacity. The volunteer applications will be considered on a case-by-case basis. Consideration for agency size, capacity, and geographical location will be taken into consideration.
3. Applicant agrees to participate in an informal phone interview given by Student Selection Committee members.
4. If accepted, applicant will be required to complete a pre-academy assignment, daily evaluations, an overall evaluation at the end of the week, and follow-up evaluations several months after the Academy to measure the effectiveness of its' curriculum, faculty, and structure.
5. Applicant has the support of his/her supervisor to attend the entire academy.
6. There will be an informational webinar on June 7, 2016 for all accepted participants. Attendance is required.

All applications will be reviewed by a Student Selection Committee who will engage in a process intended to promote an academy class which reflects a balance in cultural, programmatic, professional, and geographic diversity. **35** participants will be selected to attend this academy. Please be advised that if more than one person from your agency applies, your supervisor may be asked to prioritize attendance decisions for the Student Selection Committee.

The tuition is \$200. After the Student Selection Committee makes participant decisions, each applicant will receive either an acceptance or non-acceptance letter. Applicants who receive an acceptance letter will be provided tuition payment instructions. If you have any questions about funding, please call to discuss.

Certificate of Completion: A certificate of completion will be presented to ALL participants upon fulfillment of all requisite conditions, including any pre-academy coursework, attendance at the academy, and any additional coursework.

Please submit your completed applications by May 1, 2016 to:

Division of Child and Family Services
4126 Technology Way, 3rd Floor
Carson City, NV 89706
Attn: Heather Giger

If you have any questions in completing the application or about the academy, please contact Heather Giger at 775-684-4447 by phone or hgiger@dcs.nv.gov by email.

Acceptance or non-acceptance letters will be mailed by May 25, 2016.

2016 Victim Assistance Academy of Nevada (VAAN) Application

Name:	
Organization / Agency:	
Address:	
City, State, Zip	
Phone Number:	
Email:	
Position:	
County or Counties Served:	
Do you provide direct services?	
Number of Years in Direct Victim Services:	
Does your organization/agency receive VAWA or VOCA funding? If so, please indicate which.	
Who is the fiscal authority at your organization/agency? (Name, Email, Phone)	

Education Level:

- | | | |
|--|---|--|
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Some college | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Advanced degree |

Which of the following best describes your agency?

- | | |
|--|---|
| <input type="checkbox"/> Non-profit agency | <input type="checkbox"/> Tribal entity |
| <input type="checkbox"/> Private, for profit | <input type="checkbox"/> Local, state or federal government |
| <input type="checkbox"/> Other (please specify): _____ | |

Which of the following best describes the field in which you work?

- | | | |
|--|--|---|
| <input type="checkbox"/> Victim services | <input type="checkbox"/> Health / human services | <input type="checkbox"/> Substance abuse services |
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Hospital / medical | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Prosecution | <input type="checkbox"/> Education | <input type="checkbox"/> Legal services |
| <input type="checkbox"/> Correction/probation | <input type="checkbox"/> Child care | <input type="checkbox"/> Youth services |
| <input type="checkbox"/> Other (please specify): _____ | | |

Indicate your primary area(s) of focus for which you were hired? (Please check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> Assault | <input type="checkbox"/> Robbery | <input type="checkbox"/> Hate/bias crimes |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Gang violence | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> LGBTQ victims | <input type="checkbox"/> Kidnapping |
| <input type="checkbox"/> Sexual assault/abuse | <input type="checkbox"/> Ethnic minority victims | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Elder abuse | <input type="checkbox"/> Immigrant victims | <input type="checkbox"/> Property crimes |
| <input type="checkbox"/> Dating violence | <input type="checkbox"/> Victims with disabilities | <input type="checkbox"/> All crimes |
| <input type="checkbox"/> Drunk driving | <input type="checkbox"/> Fraud | |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Identity theft | |
| <input type="checkbox"/> Other (please specify): _____ | | |

Please indicate all the types of services you primarily provide:

- | | | |
|---|---|---|
| <input type="checkbox"/> Hotline | <input type="checkbox"/> Support group | <input type="checkbox"/> Medical advocacy |
| <input type="checkbox"/> Crisis intervention | <input type="checkbox"/> Transportation | <input type="checkbox"/> Legal advocacy |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Information/referral | <input type="checkbox"/> Court accompaniment |
| <input type="checkbox"/> Counseling / therapy | <input type="checkbox"/> Victim advocacy | <input type="checkbox"/> Hospital accompaniment |

Victim/witness notification

Victim impact statement assistance

Compensation claim assistance

Other (please specify): _____

Please identify any accessibility accommodations you may require:

Additional information to be submitted with application:

- Please attach a current resume that includes your formal education and other trainings and certificates, as well as previous experience in assisting crime victims. Include relevant employment in at least the last three (3) years. Provide information regarding position, responsibilities, and dates of service, from most recent to past.
- Please attach a brief essay (no more than one page) stating why you want to attend the Victim Assistance Academy of Nevada and how your participation will be of benefit to you (professionally & personally), your organization, and your community. Please include any additional information you believe is important for the Student Selection Committee to consider.

By completing and signing this application,

I hereby give the academy authorization to use, reproduce, and / or publish visual materials, including photographs that may pertain to the academy. I understand that this material may be used in various publications, recruitment materials, and may also appear on the Internet. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization. The academy may use my name, photograph, and / or make reference to in any manner that the academy deems appropriate in order to promote / publicize future academies.

I understand that the Student Selection Committee may conduct a phone interview following this application submittal in order to make final participant decisions. The intent of this phone interview is to clarify both personal and agency goals in attending the academy.

I verify that all information given is accurate to the best of my knowledge and that any false information will be sufficient cause for rejection of my application. Also, in signing this application, I verify my commitment to attend the full Academy, while also completing any preparatory reading and any identified pre-academy coursework prior to the academy. I also agree to participate in the evaluation of the curriculum and to make travel arrangements accordingly.

Applicant Signature

Date

Voluntary Disclosure of Personal Demographic Information

Age

- 18-29
 30-44
 45-64
 65+

Race

- African American
 American Indian / Alaska Native
 Asian / Pacific Islander
 Hispanic
 White

Gender

- Female
 Male

TO BE COMPLETED BY APPLICANT'S SUPERVISOR

As the applicant's supervisor, I understand that:

- All academy attendees are expected to participate in all five full days of training;
- Attendees will not be available by cell phone during training hours so they can devote their full attention to training content and networking with other attendees;
- Supervisors are asked to provide the academy attendee with the opportunity to share information with your agency upon their return.

Please sign below to verify your commitment for your employee to attend the full academy:

_____	_____	_____
Supervisor's Printed Name	Supervisor's Signature	Date
_____	_____	
Supervisor's Telephone Number	Supervisor's email	

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- Application complete
- Resume attached
- Brief description of interest in attending the academy attached
  
- Accepted                       Not accepted
- Status letter mailed                       Payment received