



## 2019 Victim Assistance Academy of Nevada Student Application

The Division of Child and Family Services, in partnership with Washoe County District Attorney's Office, Nevada Coalition to End Sexual and Domestic Violence, Nevada Attorney General's Office, Nevada Victims of Crime Compensation Program, Clark County District Attorney's Office, Las Vegas Metropolitan Police Department, and The Center are planning and hosting a 40-hour **State Victim Assistance Academy October 13 – 18, in Las Vegas, 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. Special consideration will be given to agency size, capacity and geographical location.
3. Applicant agrees to participate in an informal phone interview given by the Student Selection Committee to determine final student selection.
4. Applicant has the support of his/her supervisor to attend the entire Academy.

All applications will be reviewed by the 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. No more than **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.

- \_\_\_\_\_ Initial After the Student Selection Committee makes participant selections, each applicant will receive either an acceptance or non-acceptance letter. Accepted applicants will be provided with tuition payment instructions. There are a limited number of scholarships available for those agencies who do not receive VOCA or VAWA funding. If you require a scholarship, you must check the appropriate box in the scholarship section of the application. Scholarship funds are meant to cover the tuition fee only and will not include food, travel or accommodations. VAAN requests that you elaborate on your request for scholarship funding in the essay portion of the application.
- \_\_\_\_\_ Initial Academy tuition is \$100. VAAN requires tuition be received by September 27, 2019. If payment is not received by that date, you will be disinvented, and another candidate will be selected. DCFS will work with Agencies via Budget Modifications if they did not plan on VAAN in their 6-month VOCA Budget.
- \_\_\_\_\_ Initial Please be advised that in the event that you are accepted but are unable to attend the Academy, it is the responsibility of your organization to notify the Academy of your cancellation. If you are unable to notify the Academy yourself, the responsibility of notification falls on your direct supervisor. Failure to notify will result in miscellaneous fees which may be charged to your organization.
- \_\_\_\_\_ Initial VAAN requires all participants to complete daily evaluations, including an overall evaluation at the end of the week, and follow-up evaluations several months after the Academy has taken place to measure the effectiveness of its' curriculum, faculty and structure.
- \_\_\_\_\_ Initial VAAN requires all participants to complete a pre-academy assignment.
- \_\_\_\_\_ Initial Certificate of Completion: A certificate of completion will be presented to ALL participants upon fulfillment of all requisite conditions including attendance at the Academy and any additional coursework.

**Please submit your completed applications by Wednesday, August 7, 2019 to:**

Division of Child and Family Services  
4126 Technology Way, 3<sup>rd</sup> Floor  
Carson City, NV 89706  
Attn: Kelsey McCann-Navarro  
[vaan@dcfs.nv.gov](mailto:vaan@dcfs.nv.gov)

If you have any questions in completing the application or about the Academy, please contact Kelsey McCann-Navarro at (775) 684-4431 by phone or [kelsey.navarro@dcfs.nv.gov](mailto:kelsey.navarro@dcfs.nv.gov) by email.

The acceptance or non-acceptance letters will be emailed by September 3, 2019.

## 2019 Victim Assistance Academy of Nevada (VAAN) Application

Name:	
Organization/Agency:	
Address:	
City, State, Zip:	
Phone Number:	
Email:	
Position:	
County or Counties Served:	
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)	
Do you provide direct services?	
Number of years of experience in direct victim services:	

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"/> Childcare             | <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        |
| <input type="checkbox"/> Victim/witness notification   | <input type="checkbox"/> Victim impact statement assistance | <input type="checkbox"/> Compensation claim assistance |
| <input type="checkbox"/> Other (please specify): _____ |   |  |

Do you require scholarship aid to cover the tuition? Yes ☐ No ☐ *If yes, please elaborate on your need for scholarship funding in your essay submission.*

Please identify any accessibility accommodations you may require:

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**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 positions, 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 and personally, your organization, and your community. Please include any additional information you believe is important for the Student Selection Committee to consider, including your need for scholarship funding.

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 me in any manner that the Academy deems appropriate in order to promote/publicize future academies.

Initial

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

Initial

\_\_\_\_\_ I verify that all information given is accurate to the best of my knowledge and that any false information submitted 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 start of the Academy. I also agree to participate in the evaluation of the curriculum and to make travel arrangements accordingly.

Initial

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## TO BE COMPLETED BY APPLICANT'S SUPERVISOR

As the applicant's supervisor, I understand that:

\_\_\_\_\_ All academy attendees are expected to fully participate in all five full days of training (entire academy);  
Initial

\_\_\_\_\_ 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;  
Initial

\_\_\_\_\_ Supervisors are asked to provide the academy attendee with the opportunity to share information with your agency upon their return.  
Initial

\_\_\_\_\_ I understand that in the event that my employee is accepted but is unable to attend the Academy, it is the responsibility of my organization to notify the Academy of the cancellation. If my employee is unable to notify the academy themselves, the responsibility of notification falls on me. Failure to notify will result in miscellaneous fees which may be charged to my organization.  
Initial

\_\_\_\_\_ I understand that Academy tuition is \$100 and that VAAN requires tuition be received by September 27, 2019. If payment is not received by that date, my employee will be disinvited, and another candidate will be selected.  
Initial

**\*\*Note\*\*** DCFS will work with Agencies via Budget Modifications if they did not plan on VAAN in their 6-month VOCA Budget.

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

This project was supported by Grant No. 2017-VA-GX-085 awarded by the U. S. Department of Justice, Office of Justice Programs, and Office for Victims of Crime. The opinions, findings and conclusions or recommendations expressed in this publication are those of the author(s) and do not necessarily reflect those of the U. S. Department of Justice.

~~~~~ Official Use Only ~~~~~

- |                                                                                          |                                           |
|------------------------------------------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Application complete                                            |                                           |
| <input type="checkbox"/> Resume attached                                                 |                                           |
| <input type="checkbox"/> Brief description of interest in attending the academy attached |                                           |
| <input type="checkbox"/> Accepted                                                        | <input type="checkbox"/> Not accepted     |
| <input type="checkbox"/> Status letter mailed                                            | <input type="checkbox"/> Payment received |