

VICTIM SUPPORT SERVICES

CORE ACADEMY TRAINING APPLICATION



CORE ACADEMY TRAINING DATES YOU ARE APPLYING FOR:

APPLICANT INFORMATION

Last Name				First			M.I.	Date		
Street Address							Apartment/Unit #			
City				State			ZIP			
Phone				E-mail Address						
Work Phone			Cell Phone			Years in Victim Services				
Current Position										
Are you paid staff?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is this training part of an internship?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Are you a volunteer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain?							
Are you a student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Students pursuing a degree in Criminal Justice or similar may attend</i>							
Are you able to attend all of training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	***Participants must attend all sessions in order to receive a certificate of completion							

CURRENT AGENCY INFORMATION

Agency Name				Address						
Start Date			Jurisdiction of Agency	Federal <input type="checkbox"/>	State <input type="checkbox"/>	Local <input type="checkbox"/>	Tribal <input type="checkbox"/>			
Victims Served	Please explain types of victims your agency serves:									

EDUCATION INFORMATION **SKIP SECTION IF YOU ARE NOT A CURRENT STUDENT**

College Name					Start Date					
Degree										

*****If you are a student and not attending Core on behalf of a victim services agency, you are eligible to receive a 10% discount**

PAYMENT **\$200 CHECK OR CREDIT CARD ACCEPTED. SPACE IS SECURED UPON RECEIPT OF PAYMENT**

Please email completed application to leslie@victimsupportservices.org or mail to: Victim Support Services, P.O. Box 1949, Everett, WA 98206. If you are paying by credit card and prefer to pay securely online, we will email you the link.

Check <input type="checkbox"/>	Check enclosed with completed application									
Credit Card <input type="checkbox"/>	I'm providing my credit card information below <input type="checkbox"/>				Please email the link to the secure online payment form <input type="checkbox"/>					
Credit Card Number				Expiration Date			Signature			

SIGNATURE OF ACCEPTANCE

I certify that my answers are true and complete to the best of my knowledge and I understand that refunds are only issued up to two weeks before the first day of Core Academy Training AND I acknowledge that I have read, understand, and agree to the Core Academy Training Expectations.

Signature					Date					
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