

# 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"/>	<b>***Participants must attend all sessions in order to receive a certificate of completion</b>			

#### 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 \$25 discount**

#### PAYMENT **\$275 CHECK OR CREDIT CARD ACCEPTED. SPACE IS SECURED UPON RECEIPT OF PAYMENT**

Please email completed application to [leslie@victimsupportservices.org](mailto: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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