

VICTIM SUPPORT SERVICES

CORE ACADEMY TRAINING APPLICATION



CORE ACADEMY TRAINING DATES: SEPTEMBER 11-15, 2023

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"/> | ***IMPORTANT*** Participants must attend all Zoom sessions live with their video on 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 | |

PAYMENT \$300 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 (8/27/2023) 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 |
|-----------|------|