

2008 Florida State Victim Assistance Academy

Name: _____ Date: _____

Job Title: _____

Agency/Department: _____

Full Mailing Address: _____

City and Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Have you attended some form of basic training (such as the Attorney General Designation Training)? If so, please name the training _____

Years of direct victim service experience: _____ From: _____ To: _____

What percentage of your time do you spend working with victims of crime? _____

Will you require lodging for the Academy: Yes _____ No _____

1. Select the jurisdiction and one category below that best describes the type of organization you represent:

- Jurisdiction: Federal State City/County Private/Nonprofit
- | Criminal Justice | Community/Nonprofit | Additional Agencies |
|---|--|---|
| <input type="checkbox"/> Police/Sheriff-based | <input type="checkbox"/> All Victims | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Prosecution-based | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Court-based | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Hospital/Medical |
| <input type="checkbox"/> Probation-based | <input type="checkbox"/> Child Abuse | <input type="checkbox"/> State VOCA Staff |
| <input type="checkbox"/> Corrections-based | <input type="checkbox"/> Drunk Driving | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Homicide Support | |
| | <input type="checkbox"/> Elderly Victims | |
| | <input type="checkbox"/> Other _____ | |

2. Please indicate below the types of victims that you primarily serve.

- | | | |
|--|--|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Assault/Robbery |
| <input type="checkbox"/> Missing/Exploited Children | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Drunk Driving |
| <input type="checkbox"/> Elderly Abuse | <input type="checkbox"/> Survivors of Homicide | <input type="checkbox"/> Economic Crime/Fraud |
| <input type="checkbox"/> Special Needs/Victims with Disabilities | | |
| <input type="checkbox"/> Other _____ | | |

3. Please indicate the types of crime victim services that you primarily provide in your current position.

- | | | |
|--|---|---|
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Criminal Justice System Advocacy | <input type="checkbox"/> Legal Advocacy |
| <input type="checkbox"/> 24 Hour Hotline | <input type="checkbox"/> Court Accompaniment | <input type="checkbox"/> Information/Referral |
| <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Shelter | |
| <input type="checkbox"/> Training/Technical Assist. | <input type="checkbox"/> Notification | |
| <input type="checkbox"/> Victim Counseling | <input type="checkbox"/> Victim Impact Statement | |
| <input type="checkbox"/> Victim Compensation Assist. | <input type="checkbox"/> Other _____ | |

4. Please briefly state why you want to attend the Florida State Victim Assistance Academy. Include how you anticipate that your participation will benefit you (professionally and personally), your organization, and/or your community. Please limit your response to a few paragraphs or no more than one page to accompany this application.

Professional Code of Conduct

The Florida Victim Assistance Academy is a weeklong intensive course of study that requires a substantial commitment on the part of all faculty, support staff and student participants. All those associated with the Academy will be required to represent the profession of victim services with respect and dignity. Faculty and students may express divergent viewpoints. All participants will respectfully honor the beliefs and values of those in attendance.

5. Your signature below signifies your commitment to attend the full 40 hour course and make all travel arrangements accordingly.

Applicant Signature

Date:

Supervisor Signature

Date:

*******E-mail confirmation will be forwarded once your application is received**

Questions? Please contact Sandi MacVane at 561-355-7025 or smacvane@sa15.state.fl.us.