

Academy Application- August 2024

Applicant Name: _____ Preferred pronouns: _____

Title: _____

Email Address: _____

Organization Name: _____

Phone: _____

Mailing Address: _____

Will you be traveling more than 50 miles, each direction, to the Hyatt Place? _____

If yes, do you need a hotel room on August 14th & August 28th? _____

How long have you held your current position? _____

Have you held other positions that provide direct service to victims: Yes/ No

If yes, please list those positions: _____

Describe how you currently serve victims: _____

Please tell us about any accommodations that you may require to participate in the Academy such as ASL interpretation, materials in large font, closed captioning, or mobility assistance.

List the county/counties that your organization serves: _____

Does your organization receive VOCA funding? Yes/ No

Circle the organization type that best describes your organization:

- | | |
|--|---|
| a. Domestic Violence Program | i. Prosecutor's Office |
| b. Dual Sexual Assault/Domestic Violence | j. Court |
| c. Sexual Assault Program | k. State Agency |
| d. Child Advocacy Center | l. County Agency |
| e. Mental Health Organization/Provider | m. Immigration/Refugee Organization |
| f. Substance Abuse Provider | n. Community-based |
| g. Hospital/SART | o. Other Non-profit Victim Service Provider |
| h. Law Enforcement Agency | p. Other: _____ |

I have read the academy description, expectations, and requirements. I understand that the Academy is a 3-week course which requires daily participation. I commit to attending, fully participating in, and completing all the sessions.

Student Signature _____

Employer/Supervisor Certification

I acknowledge that _____ has applied to attend the Indiana Victim Assistance Basic Academy and does so with my support. I have read the academy description, expectations, and requirements. I understand that the Academy is a 3-week course which requires daily participation. I will ensure _____ is able to attend all classroom sessions and will not be assigned work from 9:00-11:00 a.m. on webinar days. I also agree to complete a post-Academy survey that evaluates how _____ utilizes the information learned during the Academy.

Employer/Supervisor Signature

Employer/Supervisor Printed Name

Please email the completed application to Suzanne O'Malley at somalley@icadvinc.org.