

June Academy Application

Print Name _____ Date _____

Employer: _____ Work Phone: () _____

Work Email: _____

Work Address: _____

Home Address: _____

Home Phone: () _____ Cell Phone: () _____

Alternate Email Address: _____

Current Position: _____ Paid or Volunteer

Number of years in direct victim services _____ From: _____ To: _____

Education / Degree(s) _____ Year(s) _____

Major(s) _____

1. Select the *jurisdiction* and *one category* below that *best* describes the type of organization you represent: Jurisdiction: ___ Federal ___ State ___ Local ___ Tribal

Criminal Justice-based	Community/Nonprofit-based	Additional Agencies
<input type="checkbox"/> Police/Marshal-based	<input type="checkbox"/> All Victims	<input type="checkbox"/> Youth Services
<input type="checkbox"/> Prosecution-based	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Native Americans
<input type="checkbox"/> Court-based	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Religious
<input type="checkbox"/> Probation-based	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Hospital/Medical
<input type="checkbox"/> Corrections-based	<input type="checkbox"/> Drunk Driving	<input type="checkbox"/> School/Education
<input type="checkbox"/> Community Corrections	<input type="checkbox"/> Homicide Support	<input type="checkbox"/> Social Services
<input type="checkbox"/> Juvenile Justice-based	<input type="checkbox"/> Missing/Exploited Children	<input type="checkbox"/> Clinical
	<input type="checkbox"/> Elderly Victims	<input type="checkbox"/> Other _____

2. Employment History: Most Recent First (Do not repeat Current Employer listed above)

Position _____ Organization _____

From: _____ To: _____ Responsibilities: _____

Position _____ Organization _____

From: _____ To: _____ Responsibilities: _____

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5. Have you attended the National Victim Assistance Academy? Yes No If yes, what year _____
6. Briefly describe your interactions with crime victims in your present position. (Please use a *separate sheet* of paper to complete your answer and limit your response to 300 words.)
7. Briefly state why you want to attend the Academy and explain how you, your organization, and your community would benefit from your participation. Include any additional information you believe is important for the selection committee to consider. (Please use a *separate sheet* of paper to complete your answer and limit your response to 450 words.)
(Attach both your experience #6 above, and statement of participation, #7 above to this application form.)
8. If accepted, I am interested in earning 3 credits at the University of Baltimore payable to UB. If yes, check one: Undergraduate or Graduate, and note this would be for an additional cost.
9. If accepted, I will need a scholarship for the cost of the Academy? Yes No

Commitment of Agreement

By signing below, I signify my commitment to: 1) complete the required preparation and reading; 2) I commit to being in attendance for the full 40-hour Academy, and 3) I acknowledge that the Academy includes some early evening hours as part of the 40-hour training, and that I have made necessary arrangements in advance with my employer regarding this schedule and these total hours, particularly if such hours may conflict with a typical work schedule.

I agree to keep my camera on at all times throughout each training session while logged into Zoom.

I am aware, that all cancellations 10 days prior to the start of the Academy, the overnight fees may be billed to the applicant. I also note that if I miss the application deadline of May 20th I will pay a late fee of \$50.00.

Signature: _____
(original signature required in blue ink)

Date: _____

Please sign the document, save the document with your last name added to the document title and send to Anne Milun Litecky at alitecky@ubalt.edu.