



**SECTION TWO:**

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

- Federal**     **State**     **City**     **County**     **Private/nonprofit**     **Other**

2. Select the type of community your agency primarily serves:

- Urban**     **Suburban**     **Rural**

3. Select the Victim Service category that best describes the type of organization(s) you represent:

<b>Criminal Justice-Based</b>	<b>Community/Nonprofit-Based</b>	<b>Additional Agencies</b>
<input type="checkbox"/> Police/Sheriff <input type="checkbox"/> Prosecution <input type="checkbox"/> Courts <input type="checkbox"/> Probation <input type="checkbox"/> Corrections <input type="checkbox"/> Parole <input type="checkbox"/> Juvenile <input type="checkbox"/> Other: _____	<input type="checkbox"/> All Victims <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Child Abuse/Sexual Assault <input type="checkbox"/> Homeless Shelter <input type="checkbox"/> Drunk Driving <input type="checkbox"/> Homicide Support <input type="checkbox"/> Elderly Victims <input type="checkbox"/> Other: _____	<input type="checkbox"/> Youth Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> State Victim Services Staff <input type="checkbox"/> Religious: _____ <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Substance Abuse Services <input type="checkbox"/> Funeral Services <input type="checkbox"/> Other: _____

4. Please indicate the type(s) of crime victims that you PRIMARILY serve: (Check no more than three)

<input type="checkbox"/> Domestic Violence <input type="checkbox"/> Sexual Assault <input type="checkbox"/> Child abuse/Sexual Assault <input type="checkbox"/> Survivors for Homicide Victims <input type="checkbox"/> Drunk Driving <input type="checkbox"/> All Crimes Against Persons <input type="checkbox"/> All Crimes Against Property <input type="checkbox"/> Dating Violence <input type="checkbox"/> Other: _____	<input type="checkbox"/> Assault <input type="checkbox"/> Elderly Victims <input type="checkbox"/> Missing/Exploited Children <input type="checkbox"/> Computer Crimes <input type="checkbox"/> Victims with Disabilities <input type="checkbox"/> Robbery/Theft <input type="checkbox"/> Bias Violence/Hate Crimes <input type="checkbox"/> Gang Violence <input type="checkbox"/> Other: _____
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5. Indicate the types of services that you PRIMARILY provide for victims of crime in your current position:

(Check no more than five)

<input type="checkbox"/> Crisis Intervention <input type="checkbox"/> 24-Hour Hotline <input type="checkbox"/> Medical Advocacy <input type="checkbox"/> Shelter <input type="checkbox"/> Therapy/Psychological Counseling <input type="checkbox"/> Systems/Institutional Advocacy <input type="checkbox"/> Case Management <input type="checkbox"/> Support Groups <input type="checkbox"/> Assistance with Orders of Protection <input type="checkbox"/> Child Care <input type="checkbox"/> Emotional Support <input type="checkbox"/> Counseling: _____ <input type="checkbox"/> Court Advocacy	<input type="checkbox"/> Restitution Assistance <input type="checkbox"/> Notification <input type="checkbox"/> Victim Impact Statement Assistance <input type="checkbox"/> Crime Victim Compensation Assistance <input type="checkbox"/> Legal Advocacy <input type="checkbox"/> Information Referral <input type="checkbox"/> Community Education <input type="checkbox"/> Transportation <input type="checkbox"/> Social Service Advocacy <input type="checkbox"/> Training and Technical Assistance <input type="checkbox"/> Multidisciplinary Teams <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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**SECTION THREE: Criteria for Acceptance:**

1) Attendee, if hired on or after January 2009, must have completed the 15 hours basic core training outlined by OVSEC. 2) Must have worked in the victim services field for a minimum of two years. 3) Must submit a letter of recommendation from your immediate supervisor stating you are allowed to attend the training the entire day.

**SECTION FOUR:**

On a separate page, briefly describe your reason (i.e. challenges in your field) for attending the 2012 South Carolina Victim Assistance Advanced Academy training and describe how you think your participation will assist you in dealing with future challenges.

**SECTION FIVE: Important Note:**

There is no registration fee. Lunch will be provided along with a morning and afternoon snack. Lodging is the attendee's responsibility. There will be a charge for parking for those who leave before the end of the session.

**SECTION SIX:**

**By completing and signing this application, I verify that all information given is accurate to the best of my knowledge and that any false information will be sufficient cause for rejection of my application. Further, my signature attests to my willingness to allow the agency to post pictures from the academy (that may contain my image) on the SCVAA website.**

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Signature (Applicant)

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Date

**PLEASE MAIL YOUR COMPLETED APPLICATION PACKET TO:**

*Applications will **NOT** be accepted after September 21, 2012*

*Applicants will be notified of acceptance by October 1, 2012*

*An incomplete application packet may not be considered*

**State Office of Victim Assistance  
1205 Pendleton Street, Room 401  
Columbia, SC 29201**

For questions about the SCVAA, please contact:

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