

SOUTH CAROLINA VICTIM ASSISTANCE ACADEMY

Application to the South Carolina Victim Assistance Advanced Academy (SCVAA) October 22, 2013: 9:00am – 5:15pm

Application Packet - Due Date August 30, 2013
(Participants must attend the entire day to receive full credit)

Please type or print legibly. If additional space is required, please attach separate sheets.

DATE: _____

NAME: _____
LAST FIRST MIDDLE INITIAL

ORGANIZATION: _____

WORK ADDRESS: _____
STREET/PO BOX CITY/STATE ZIP CODE COUNTY

BUSINESS PHONE: () _____ FAX () _____

HOME PHONE: () _____ MOBILE() _____

E-MAIL ADDRESS: _____

CURRENT POSITION: _____ FROM: ___/___ TO: ___/___

Paid Volunteer Website for your organization _____

Number of years as a victim advocate _____

Did you obtain your 12 "victim service provider" (VSP) hours for 2012? Yes No

EDUCATION – List your highest level of education:

YEAR: _____ MAJOR: _____ SCHOOL _____

Pending hours from: Office of Victim Services Education & Certification (OVSEC)

(You must have your victim certification card, or know your victim service provider number, to receive certification hours.)

PROMOTING
EXCELLENCE
IN SERVICE
TO CRIME VICTIMS

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:

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

4. Please indicate the type(s) of crime victims that you PRIMARILY serve:

<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Assault
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Elderly Victims
<input type="checkbox"/> Child abuse/Sexual Assault	<input type="checkbox"/> Missing/Exploited Children
<input type="checkbox"/> Survivors for Homicide Victims	<input type="checkbox"/> Computer Crimes
<input type="checkbox"/> Drunk Driving	<input type="checkbox"/> Victims with Disabilities
<input type="checkbox"/> All Crimes Against Persons	<input type="checkbox"/> Robbery/Theft
<input type="checkbox"/> All Crimes Against Property	<input type="checkbox"/> Bias Violence/Hate Crimes
<input type="checkbox"/> Dating Violence	<input type="checkbox"/> Gang Violence
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

5. Indicate the types of services that you PRIMARILY provide for victims of crime in your current position:

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

SECTION THREE: Important Note:

- There is no registration fee.
- Lodging is the attendee's responsibility.
- There will be a roundtable discussion on difficult compensation claims for SOVA. **Please bring** an actual case scenario for the "**Academy Participant's Roundtable Discussion**" session.

SECTION FOUR: Criteria for Acceptance: What is required?

- Attendee, if hired on or after January 2009, must have completed the 15 hours Basic Core Training outlined by OVSEC.
- Attendee must be in good standing with OVSEC.
- Must have worked in the victim services field for a minimum of two years.
- Must submit a letter of recommendation from your immediate supervisor stating you are allowed to attend the training the entire day.
- On a separate page, briefly describe your reason (i.e. challenges in your field) for attending the 2013 South Carolina Victim Assistance Advanced Academy training and describe how you think your participation will assist you in dealing with future challenges.

SECTION FIVE:

By completing and signing this application, I verify that:

- **All information given is accurate to the best of my knowledge.**
- **Any false information will be sufficient cause for rejection of my application.**
- **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.**

Signature (Applicant)

Date

PLEASE MAIL YOUR COMPLETED APPLICATION PACKET TO:

APPLICATIONS WILL NOT BE ACCEPTED AFTER 8/30/13

Applicants will be notified of acceptance by 9/30/13

An incomplete application packet may not be considered

Please provide a 72 hour advanced notice if you need to cancel and are unable to attend

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

For questions about the SCVAA, please contact:

Ethel Douglas Ford
(803) 734-1704
eford@oepp.sc.gov

or

Genita L. Snipes
(803) 734-1706
gsnipes@oepp.sc.gov