



IVAA ACADEMY APPLICATION
SUNDAY, JUNE 13 – FRIDAY, JUNE 18, 2010
Application Deadline March 1st

The Academy

The Idaho Victim Assistance Academy is a multi-disciplinary, academically based setting for professionals who have contact with crime victims. The IVAA will expand and enhance the level of professionalism through theory based education on crime victimization to better meet the needs of Idaho crime victims.

Benefits of attendance and certification:

- ❖ Recognition of professional skills and competence
- ❖ Recognition of specialized training and experience with crime victims
- ❖ A demonstrated commitment to professional development
- ❖ Networking opportunities with other professionals
- ❖ Increased value to employers and the community through the completion of the training academy
- ❖ Opportunity for certification as a Victim Services Practitioner.

IVAA Eligibility

To be eligible to attend the IVAA you should have one to five years of experience working with crime victims, complete the application, and be selected to participate. A maximum of thirty (30) students representing both disciplinary and geographic diversity will be selected to attend the IVAA.

To successfully complete the Academy, **you must attend the entire week-long academy beginning with a dinner and class Sunday evening, June 13, 2010 through Friday, June 18, 2010**, read the Academy manual before the beginning of the week-long session and actively participate in homework assignments and class discussion. Students who live in the area may commute each day to Boise State University.

Students may seek certification upon successful completion of the Academy. To obtain certification as a Certified Victim Services Practitioner, students must successfully complete an online examination and earn a passing grade of 70% or higher within three months of graduating from the Academy.

Academy Fees

Students must pay a \$500 fee upon approval of their applications **and prior to the Academy**. This fee includes lodging, meals, tuition, and training materials. If funding is a barrier, please let us know and we can direct you to scholarships available through TTAC.

Fee Reimbursement

One-half of the Academy registration fee (\$250) can be refunded until one week prior to the Academy if you are unable to attend due to unexpected circumstances.

Participant Responsibilities

Successful completion and/or certification are not a license and are not to be construed as a warranty of the applicant’s ability to provide services. The IVAA will make a reasonable good faith effort to ensure that (1) the applicant has met the criteria for successful completion of the Academy and/or certification and (2) certified practitioners agree to obtain 20 hours of continuing education credits every three years. The applicant retains sole liability for deliberate falsehoods, misrepresentations, or forgeries in this application, and the practitioner retains sole liability for any consequences of misrepresentations, deliberate falsehoods, or practices outside the bounds of competency.

Please type or print legibly in black ink.

Name _____ Date _____

Organization _____

Work Address _____

County Where Agency is Located _____

Home Address _____

Work Phone _____ Cell Phone _____ Home Phone _____

E-Mail Address _____

Current Position (Title) _____ Paid _____ Volunteer _____

Number of Years experience working with crime victims (as a paid employee) _____

Number of Years experience working with crime victims (as a volunteer) _____

Education/Degrees _____

Year _____ Major _____

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

Jurisdiction: Federal State Local

<u>Criminal Justice-based</u>	<u>Community/Nonprofit</u>	<u>Additional Agencies</u>
<input type="checkbox"/> Police Department	<input type="checkbox"/> All Victims	<input type="checkbox"/> Youth Services
<input type="checkbox"/> Sheriff's Office	<input type="checkbox"/> Missing/Exploited Children	<input type="checkbox"/> Funeral Services
<input type="checkbox"/> Prosecutor's Office	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Family Violence	<input type="checkbox"/> Religious Organization
<input type="checkbox"/> Adult Probation	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Hospital/Medical
<input type="checkbox"/> Corrections	<input type="checkbox"/> Drunk Driving	<input type="checkbox"/> State VOCA Assistance
<input type="checkbox"/> Parole-based	<input type="checkbox"/> Homicide Support	<input type="checkbox"/> State Victim Compensation
<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____	<input type="checkbox"/> Other_____

2. Please indicate the types of victims with whom you have primarily had experience (check no more than three boxes):

- | | |
|--|--|
| <input type="checkbox"/> Family Violence | <input type="checkbox"/> Elderly |
| <input type="checkbox"/> Sexual Assault/Exploitation | <input type="checkbox"/> Missing/Exploited Children |
| <input type="checkbox"/> Child Abuse | <input type="checkbox"/> Ethnic Minorities |
| <input type="checkbox"/> Survivors of Homicide Victims | <input type="checkbox"/> Property/Economic Crime/Fraud |
| <input type="checkbox"/> Drunk Driving | <input type="checkbox"/> Special Needs/Disabled |
| <input type="checkbox"/> Assault/Robbery | <input type="checkbox"/> Bias Crime |
| <input type="checkbox"/> Other_____ | |

3. Please indicate the types of services that you primarily provide (or assist in obtaining) for victims in your current position (check no more than five boxes):

- | | |
|---|---|
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Notification |
| <input type="checkbox"/> 24-Hour Hotline | <input type="checkbox"/> Victim Impact Statement Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Legal Advocacy |
| <input type="checkbox"/> Short-term Counseling | <input type="checkbox"/> Training and Technical Assistance |
| <input type="checkbox"/> Long-term Counseling | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Criminal Justice System Advocacy | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Court Accompaniment | <input type="checkbox"/> Restitution Assistance |
| <input type="checkbox"/> Other_____ | |

4. Please briefly summarize your current and previous experience in assisting crime victims and describe other relevant employment during the past ten years. Provide position, responsibilities, and dates of service in chronological order, beginning with current position.

Position _____ From: _____ To: _____

Organization _____

Supervisor _____ Phone # _____

Responsibilities/Experience _____

Position _____ From: _____ To: _____

Organization _____

Supervisor _____ Phone # _____

Responsibilities/Experience _____

Position _____ From: _____ To: _____

Organization _____

Supervisor _____ Phone # _____

Responsibilities/Experience _____

5. Are you interested in receiving academic credit for your participation in the IVAA?

Yes _____ No _____

To obtain college credit (optional) participants must meet the requirements of Boise State University. To receive an application, or for answers to questions, contact Dr. Lisa Bostaph at (208) 426-3886 or lisabostaph@boisestate.edu.

6. I hereby authorize all former employers listed in this application to furnish the IVAA selection committee with any information that they may have concerning me which they have on record or otherwise; and I release such individual, company, or institution and the IVAA selection committee from any and all liability for any damage whatsoever incurred in furnishing such information. A photocopy of my signature on this page will suffice as an original.

Signature of Applicant

Date of Signature

Printed Name of Applicant

7. I certify that the information provided on this application is true, to the best of my knowledge, and I understand that any omission or misrepresentation of facts or failure to furnish information will automatically invalidate consideration of this application and/or acceptance to the Idaho Victim Assistance Academy. By signing below, I also signify my commitment to attend the full five-day course and to participate in the evaluation of the curriculum. I further understand that I am responsible for a \$500.00 fee.

Signature _____ Date: _____

Supervisor's Signature _____ Date: _____

Application Instructions

Please complete the application packet. Do not fax any part of the application. Incomplete applications will not be considered. The entire original application must be submitted. Please make any copies of the application you wish to keep prior to mailing. You must do the following:

1. Complete and submit IVAA application.
2. Letters of recommendation: One letter of recommendation must come from the applicant's current direct supervisor of the sponsoring agency and needs to 1) address applicants leadership qualities and 2) explain how the IVAA would benefit the applicant professionally.
3. Essay: In 500 words or less, describe how the Academy will benefit you, your organization, and your community. Include any additional information that you believe is important for the participant selection committee to consider when evaluating your application. This essay must be typed and submitted with your application.
4. Fee: The \$500 fee must be submitted at the time of acceptance into the Academy and prior to the start of the Academy.
5. Receipt of Application: Please mail your completed application to:
Idaho Victim Assistance Academy
Attn: Student Selection Committee
300 E. Mallard Dr., Suite 130
Boise, ID 83706

ALL APPLICATIONS MUST BE RECEIVED OR POSTMARKED NO LATER THAN MARCH 1ST. APPLICANTS WILL BE NOTIFIED OF THEIR APPLICATION STATUS NO LATER THAN APRIL 1ST .

If you have any questions regarding the application or the application process, please call 1-888-293-6118.