



Massachusetts Victim Assistance Academy 2009 Application Form



The 2009 Massachusetts Victim Assistance Academy (MVAA) will take place on the beautiful campus of Endicott College in Beverly, MA, from Sunday afternoon, July 26 until Friday afternoon, July 31. This innovative training is for victim service providers with less than 5 years experience. MVAA seeks a diversity of attendees, representing a variety of cultural backgrounds, geographic locations, and types of agencies and constituencies served. This weeklong residential Academy will provide formal training and opportunities for networking, building knowledge and skills, and strengthening collaborative relationships with others in the field. Students are expected to reside on campus throughout the Academy; exceptions may be made depending upon individual circumstances. MVAA 2009 has limited enrollment and attendees will be determined by application only. **Applications are due by May 18, 2009.** Selected applicants will be notified by June 12, 2009. Registration payment or a PV is due June 30, 2009, payment arrangements are required to confirm space at the Academy. We will have a wait list if we exceed capacity; applicants from the wait list will be admitted to any available spaces beginning July 13, 2009.

Name: _____ Date: _____

Organization: _____

Home Address: _____ County: _____
(street, city, state, zip)

Business Address: _____ County: _____
(street, city, state, zip)

Phone Numbers: (w) _____ (h) _____ (c) _____

Fax Number: _____ E-mail(s): _____

Current Position/Title: _____ Full-time Part-time Paid Volunteer

Length of time in field of victim services or other related work with victims/survivors:

Length of time in your current position: _____

Race/Ethnicity (optional): _____ First language (optional): _____

Please list any accommodations or assistance you require: _____

Emergency contact: (Name) _____ (Phone) _____

- Please check one: I will stay on campus (strongly encouraged)
 I am unfortunately unable to stay on campus but will attend each full day as expected.

1. Please attach a **current resume**.
2. Please attach a brief **Personal Statement** addressing the following **(no more than one double-spaced typed page)**:
 - a) Why you want to attend the Academy and how your participation will benefit you individually, your organization, your clients, and your community.
 - b) The Academy seeks participants representing a broad range of Massachusetts agencies and communities, including people from various ethnic backgrounds, sexual orientations, religious beliefs, socio-economic status, abilities, and geographic (rural, urban, suburban) areas, among others. Describe any relevant experience or training in these areas and/or your interest in strengthening awareness, knowledge, and skills necessary to better serve victims with diverse demographic characteristics.
 - c) If you do not provide direct services as a victim service provider, please describe your role and responsibilities, the ways in which your work impacts victims, and your goals in helping to improve victims' access to rights and services.

3. The services I provide to victims are Local Regional Statewide Federal

4. Select **one category** that best describes the organization you represent:

Criminal Justice	Community/Nonprofit	Additional Agencies/Programs
<input type="checkbox"/> Adult Probation	<input type="checkbox"/> All Victims	<input type="checkbox"/> DTA / DSS / DMH (circle)
<input type="checkbox"/> CHSB	<input type="checkbox"/> Child Abuse / Exploitation	<input type="checkbox"/> Faith Based Agency
<input type="checkbox"/> Corrections	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Funeral Services
<input type="checkbox"/> DA's Office/Prosecution	<input type="checkbox"/> Elder / Disabled Abuse	<input type="checkbox"/> Hospital/Medical
<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Gender/Hate Crimes	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Parole	<input type="checkbox"/> Homicide	<input type="checkbox"/> SANE (Sexual Assault Nurse Examiner)
<input type="checkbox"/> Police Department/Investigative	<input type="checkbox"/> Intoxicated Driving	<input type="checkbox"/> State Victim Compensation
<input type="checkbox"/> Sheriff's Dept.	<input type="checkbox"/> Sexual Assault/Rape Crisis	<input type="checkbox"/> Youth Services
<input type="checkbox"/> SORB	<input type="checkbox"/> Other _____	<input type="checkbox"/> Media
<input type="checkbox"/> Other _____		<input type="checkbox"/> Other _____

5. Indicate the **primary victim population** that you serve (check all that apply):

<input type="checkbox"/> All/General Victim Services	<input type="checkbox"/> Immigrants/Refugees
<input type="checkbox"/> Assault/Robbery/Gun Violence	<input type="checkbox"/> Intoxicated Driving
<input type="checkbox"/> Child Abuse / Exploitation	<input type="checkbox"/> Property/Economic Crime/Fraud
<input type="checkbox"/> Elderly	<input type="checkbox"/> Sexual Assault/Exploitation
<input type="checkbox"/> Ethnic/Cultural/Linguistic Minorities	<input type="checkbox"/> Survivors of Homicide Victims
<input type="checkbox"/> Family Violence	<input type="checkbox"/> Victims with Disabilities
<input type="checkbox"/> GLBT	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hate Crime	_____

6. **Supervisor Statement:** As the direct supervisor for this applicant, please briefly explain why s/he would be an exceptional candidate for the MVAA. Please print and sign name below, indicating support of the applicant's attendance for the full 40-hour course, and other related alumni activities whenever possible in the future. [Attach separate sheet if necessary.]

Supervisor Signature: _____ Date: _____

Supervisor Printed Name: _____ Supervisor Phone: _____

Supervisor email: _____

7. By signing below you signify your commitment **to attend the full 40-hour course**, if accepted. Please note that acceptance into **the Academy is not transferable to another colleague or staff member.**

Signature: _____ Date: _____

Your application must be received by May 18, 2009.

Do not send your registration fee with application. Full fee of \$450 includes room, board, materials and special activities. While we expect all students to reside on campus during the week of training, we understand this might not be possible for everyone. However, the MVAA fee is \$450 regardless of campus residency. A Selection Committee will review applications and notify those accepted by June 12, 2009. The fee or a PV is due by June 30, 2009, or your acceptance will need to be rescinded to enable others to be admitted off the wait list.

Cancellation Policy: If you cancel 14 or more days prior to the training, you will be refunded 75% of the fee. If 7-14 days prior, you will be refunded 50%. No refund will be available for cancellations made with less than 7 days notice.

Mail or fax your **completed and signed application** form, **INCLUDING** your resume, personal statement, and signed supervisor statement to:

**Massachusetts Victim Assistance Academy
c/o MOVA
1 Ashburton Place, Suite 1101
Boston, MA 02108
Fax: 617.727.6552**

