

Missouri Victim Assistance Academy Application

Thank you for your interest in attending the Missouri Victim Assistance Academy (MVSA). Please complete the entire application, including all required attachments, and return by **JULY 21st by 5pm** to

Katrina.Prenger@dps.mo.gov, fax to (573) 751-5399, or mail to:

Katrina Prenger
Crime Victim Services Unit
Department of Public Safety
P.O Box 749
Jefferson City, MO 65102

ABOUT YOU

Name: _____ Title: _____

Organization: _____

Address, City, State, Zip: _____

Phone number: _____

Fax number: _____

E-mail address: _____

How long have you been in your current position at your agency? _____

How long have you been in the field in which you currently work? _____

Approximately how many hours of victim/survivor assistance specific training have you received?

- | | | |
|--------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> 0-10 | <input type="checkbox"/> 21-30 | <input type="checkbox"/> Over 40 |
| <input type="checkbox"/> 11-20 | <input type="checkbox"/> 31-40 | |

With the above named organization, I am (select one):

- | | |
|--|---|
| <input type="checkbox"/> A paid employee | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Volunteer | _____ |

Indicate the primary services that apply to your current position (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Crisis intervention | <input type="checkbox"/> Law enforcement |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Legal/court employee |
| <input type="checkbox"/> Allied professional | <input type="checkbox"/> Training/technical assistance |
| <input type="checkbox"/> Advocate | <input type="checkbox"/> Financial compensation assistance |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Information/referral | _____ |

Describe your education and/or certification- degree(s), training certification(s), etc.: _____

How did you hear about MVSA? _____

List any physical accommodations you may require (please be specific): _____

List any dietary accommodations: _____

Emergency Contact Name and Relationship: _____

Emergency Contact Phone Number: _____

ABOUT YOUR AGENCY

What best describes the agency's service area?

- | | |
|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Rural | <input type="checkbox"/> Suburban |
| <input type="checkbox"/> Urban | <input type="checkbox"/> Other: _____ |

In what area of the state do you work primarily? Choose one or more.

- | | | |
|---|------------------------------------|-------------------------------------|
| <input type="checkbox"/> St. Louis area | <input type="checkbox"/> Southeast | <input type="checkbox"/> Central |
| <input type="checkbox"/> Kansas City area | <input type="checkbox"/> Northeast | <input type="checkbox"/> State-wide |
| <input type="checkbox"/> Southwest | <input type="checkbox"/> Northwest | |

Is your position grant funded?

- | | | |
|------------------------------|-----------------------------|---------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Other: _____ |
|------------------------------|-----------------------------|---------------------------------------|

Which of the following best describes your service area? Check all that apply.

- | | | |
|---------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> City | <input type="checkbox"/> Education (including higher education) | <input type="checkbox"/> Multi-state |
| <input type="checkbox"/> Multi-city | <input type="checkbox"/> Federal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> County | <input type="checkbox"/> State | _____ |
| <input type="checkbox"/> Multi-county | | |

Which of the following best describes the field in which you work? Choose the one that best fits.

- | | | |
|---|---|--|
| <input type="checkbox"/> Child abuse/protection | <input type="checkbox"/> Education | <input type="checkbox"/> Victim Compensation |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Law enforcement | <input type="checkbox"/> Victim services |
| <input type="checkbox"/> Prosecutor/City attorney | <input type="checkbox"/> Medical | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> County/Circuit court | <input type="checkbox"/> Mental health | |
| | <input type="checkbox"/> Probation/Parole | |

Which of the following best describes the type(s) of victims your agency serves? Check all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> N/A | <input type="checkbox"/> Economic crime/identity theft | <input type="checkbox"/> Survivors of homicide victims |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Elderly/dependent adult | <input type="checkbox"/> Victims with disabilities |
| <input type="checkbox"/> All victims | <input type="checkbox"/> Immigrants | <input type="checkbox"/> Victims with mental illness |
| <input type="checkbox"/> Child/youth | <input type="checkbox"/> Nonviolent crimes | <input type="checkbox"/> Violent crimes |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Property crimes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> College-campus based | <input type="checkbox"/> Sexual assault | |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Stalking | |
| <input type="checkbox"/> DUI/Vehicular crimes | | |

Which of the following best describes your position within your agency? Check all that apply.

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Adult Protective Services | <input type="checkbox"/> Advocate |
|--|-----------------------------------|

- | | | |
|---|--|--|
| <input type="checkbox"/> Administrator
(Supervisor/Director) | <input type="checkbox"/> Services | <input type="checkbox"/> Victim Compensation
Caseworker |
| <input type="checkbox"/> State employee | <input type="checkbox"/> Educator | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Law Enforcement | |
| <input type="checkbox"/> Child Protective | <input type="checkbox"/> Prosecutor | |
| | <input type="checkbox"/> Social Worker | |

Supervisor Name and Position (if applicable): _____

Supervisor Phone and E-mail Address: _____

MVSA REQUIREMENTS AND CONDITIONS

Time Commitment: *MVSA requires approximately 10 hours of on-line self-study work to be completed prior to the academy.* It is the responsibility of the attendee to submit the completion page stating the on-line training has been completed prior to the start of the academy. If admitted, attendees will be emailed the online modules to complete prior to the academy and instructions on how to submit the completion pages. The academy itself is 3 days of classroom instruction. Both the on-line self-study work and the classroom instruction portions must be successfully completed to graduate from the Academy. The answers to the self-study quizzes and assignments must be the participant’s own work and not copied from others.

For respect of guest faculty and for participants to gain the most out of their Academy experience, participants are required to attend all the sessions and the full 3 days of the Academy in their entirety to be considered a graduate of the Academy. Academy participants will receive a Certificate of Completion after attending all 3 days of the Academy. Participants are expected to sign in at every session for attendance confirmation.

Registration: *A maximum of 40 participants will be accepted to MVSA.* MVSA will be held at Tan-Tar-A Resort and Spa in Osage Beach, MO from Wednesday, August 30th to Friday, September 1st. Rooms and the MVSA registration for admitted applicants will be covered by funds provided via VOCA Training Grant. Meals provided at MVSA: dinner Wednesday night, breakfast and lunch on Thursday, and breakfast on Friday.

REQUIRED ATTACHMENTS: Attach the following to this application:

- Paragraph:** A paragraph stating why you want to attend MVSA and how your participation will be of benefit to you (professionally and personally), your organization, and your community. Please include any additional information you believe is important for the applicant selection committee to consider.

Sign Your Application: By signing below, you certify that all information contained in this application packet is accurate, that you agree to meet all the requirements and conditions listed in this application, to attend the full 3 days of the Academy, and that you agree to abide by any additional rules of conduct that may be imposed by MVSA as needed to successfully host the Academy. Failure to comply with any of the stated Academy requirements or additional rules of conduct may result in disqualification from the Academy and/or denial of Certificate of Training without refund.

Applicant Signature

Date

Missouri Victim Assistance Academy Mentor Application

MVSA Mentor Program

The MVSA Mentor Program pairs established advocates with advocates that are new to the field. The purpose of the MVSA Mentor is to provide guidance, advice, and support to less-experienced advocates and to serve as an example for emerging advocates. The responsibilities of the MVSA Mentor will include:

- * Leading the Mentoring section with assigned mentees during MVSA
- * Establish and maintain contact with assigned regional advocates
- * Check-in with assigned mentees three times annually; October, January, and April
- * Mail self-written mentee letters to mentees 6 months after MVSA
- * Serve as a resource for mentees in professional matters

This program hopes to identify the established leaders of the victim-service field and build on the expertise and experience of those individuals. If you are interested in applying to be a MVSA Mentor, please complete and submit this application form. Also, please provide a resume and short professional biography.

About You

Name: _____ Title: _____

Organization: _____

Address, City, State, Zip: _____

Phone number: _____

Fax number: _____

E-mail address: _____

How long have you been in your current position at your agency? _____

How long have you been in the field in which you currently work? _____

Why would you like to serve as a MVSA Mentor?

What does being a leader in victim services mean to you?

What do you think makes a good mentor?

What do you hope to gain from your mentor experience?

Thank you for your interest in serving as a Missouri Victim Assistance Academy (MVSA) Mentor. Please complete the entire application, including all required attachments, and return by July 21st to Katrina.Prenger@dps.mo.gov, fax to (573) 751-5399, or mail to:

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Department of Public Safety
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