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P.O. Box 8345

Des Moines, Iowa 50301

## **2011 Iowa Victim Assistance Academy Application**

The Iowa Organization for Victim Assistance (IOVA) is pleased to sponsor the third Iowa Victim Assistance Academy (IVAA) on June 1-3, 2011 at the Drury Inn, 5505 Mills Civic Parkway, West Des Moines, Iowa 50266.

The Academy provides a unique training opportunity for victim service providers that is academic-based and comprehensive. The goal of IVAA is to ensure that Iowa's response to crime victims is continuous, comprehensive, and compassionate by establishing a basic foundation of knowledge for all victim service providers and allied professionals in Iowa.

The Academy will consist of 27 hours of classroom time and 13 hours of online preparatory training that must be completed prior to the start of the Academy. Classroom training will include immediate crisis intervention, rapport building skills, crisis intervention skills, ethical issues, information provision skills, steps in the Criminal Justice System, professional roles of the key players in all stages of the system, victim's perspective and much more.

The Academy is designed primarily for victim service providers and allied professionals with less than three years of experience in the field but all are encouraged to apply, regardless if they have worked in the field for more than three years. Individuals working for victim service agencies, law enforcement, corrections, social services, and other organizations that serve crime victims are encouraged to apply.

An application form is included in this packet. It must be completed and returned to Amy Johnson, IVAA Director. Please note that the application includes a pledge to complete all required preparatory reading and 13 hours of online training *prior* to the academy start date. Upon notification of acceptance to the Academy you will be required to pay the \$100 registration fee. Hotel accommodations, breakfast and lunch are included as part of registration. Chosen applicants will be required to stay on sight.

Any questions should be directed to Amy Johnson, IVAA Director. She can be reached by phone at (641) 330-6058 or by e-mail at [iowa\\_iowa@yahoo.com](mailto:iowa_iowa@yahoo.com)

### **Applications due by April 30, 2011**

Completed applications should be mailed to:

Amy Johnson, IVAA Director, CVSP  
1241 Hwy 218  
Floyd, IA 50435

**Section 1:**

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

<b>Name:</b>		
<b>Organization/Agency:</b>		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>ZIP:</b>
<b>Telephone:</b>	<b>Fax:</b>	<b>E-mail:</b>
<b>Position:</b>		<b>Paid:</b> <input type="checkbox"/> <b>Volunteer:</b> <input type="checkbox"/>
<b>How long have you worked with crime victims in Iowa?</b>	<b>From:</b>	<b>To:</b>

**Which of the following best describes the field in which you work?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Victim Services | <input type="checkbox"/> Corrections/Probation | <input type="checkbox"/> Education              |
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Health/Human Services | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Prosecution     | <input type="checkbox"/> Medical               | _____   |

**Which of the following best describes your agency?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Non-Profit Agency | <input type="checkbox"/> State Government   | <input type="checkbox"/> Private, for profit agency |
| <input type="checkbox"/> City Government   | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Other (please specify)     |
| <input type="checkbox"/> County Government | <input type="checkbox"/> Tribal Agency      | _____   |

**Please indicate your primary area(s) of focus:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Assault         | <input type="checkbox"/> Hate/Bias Crimes | <input type="checkbox"/> Stalking               | <input type="checkbox"/> Homicide              |
| <input type="checkbox"/> Child Abuse     | <input type="checkbox"/> Trafficking      | <input type="checkbox"/> Identity Theft         | <input type="checkbox"/> Domestic Violence     |
| <input type="checkbox"/> Fraud           | <input type="checkbox"/> Elder Abuse      | <input type="checkbox"/> Property Crimes        | <input type="checkbox"/> Drunk/Drugged Driving |
| <input type="checkbox"/> Sexual Violence | <input type="checkbox"/> Kidnapping       | <input type="checkbox"/> Other (please specify) | _____  |

**Please indicate the type(s) of services you primarily provide:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Advocacy                           | <input type="checkbox"/> Hotline                     | <input type="checkbox"/> Transportation                |
| <input type="checkbox"/> Information & Referral             | <input type="checkbox"/> Court Accompaniment         | <input type="checkbox"/> Counseling                    |
| <input type="checkbox"/> Medical Advocacy                   | <input type="checkbox"/> Victim/Witness Notification | <input type="checkbox"/> Crisis Intervention           |
| <input type="checkbox"/> Support Group                      | <input type="checkbox"/> Shelter                     | <input type="checkbox"/> Restitution Assistance        |
| <input type="checkbox"/> Civil Legal Advocacy               | <input type="checkbox"/> Therapy                     | <input type="checkbox"/> Criminal Legal Advocacy       |
| <input type="checkbox"/> Victim Impact Statement Assistance |  | <input type="checkbox"/> Compensation Claim Assistance |
| <input type="checkbox"/> Other (please specify)             | _____  |  |

**Section 2:**

Please attach a current resume that includes your formal education and other trainings and certificates, as well as previous experience in assisting crime victims. Include relevant employment in the last three years. Provide information regarding position, responsibilities, and dates of service, from most recent to past.

**Section 3:**

Attach a brief description with your reason for wanting to attend the Iowa Victim Assistance Academy and define how your participation will be of personal, professional and community benefit.

**Section 4:**

Please provide any additional information you believe important for the application selection committee to consider.

**Section 5:**

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. Also, in signing this application I verify my commitment to attend the full course including preparatory reading and online training prior to the Academy and to make travel arrangements accordingly.

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Applicant's Signature

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Date

As the applicant's supervisor please sign below to verify your commitment for your employee to attend the full academy: (not required if self sponsored)

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Supervisor's Signature

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Date