



## Massachusetts Victim Assistance Academy 2017 Application Form

### Traditional Application

### Advanced Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Organization Address: \_\_\_\_\_ County: \_\_\_\_\_  
(street, city, state, zip)

Phone Numbers: (work) \_\_\_\_\_ (mobile) \_\_\_\_\_

Work E-mail: \_\_\_\_\_

Agency/Organization Mission: \_\_\_\_\_

Current Position/Title: \_\_\_\_\_ Full-time Part-time Volunteer

Length of time in your current position: \_\_\_\_\_

Please briefly describe your current work and responsibilities at your agency/organization. **If applying to Advanced Academy, please include any supervision experience.**

1. Please attach a **current resume**.

2. Please address the following in the space provided:

a) Why did you choose a career in victim services?

b) What skills/knowledge/experience(s) will you bring to the MVAA?

c) What skills/knowledge /experience (s) are you looking to strengthen through the MVAA in order to enhance your work with victims and survivors?

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

4. Indicate the **primary victim/survivor population(s)** that you serve (check all that apply):

All/General Victim Services

Immigrants/Refugees

Assault/Robbery/Gun Violence

Operating Under the Influence (OUI)

Child Abuse/Exploitation

Property/Economic Crime/Fraud

Elders

Sexual Assault/Exploitation

Ethnic/Cultural/Linguistic Minorities

Survivors of Homicide Victims

Family Violence

Victims and Survivors with Disabilities

GLBTQ

Domestic Violence

Hate Crime

Other: \_\_\_\_\_

5. How did you hear about the Massachusetts Victim Assistance Academy:

6. **Supervisor Statement (Traditional Academy applicants ONLY):** As the direct supervisor for this applicant, briefly explain why the applicant would be an exceptional candidate for the MVAA. Please attach the signed supervisor statement indicating your support of the applicant's attendance for the full week-long residential academy.

7. We support the applicant's attendance at the six-day (or 3 day if advanced) residential MVAA at Endicott College in Beverly, MA from July 23<sup>rd</sup> - July 28<sup>th</sup>.  
(Note: Advanced academy runs from July 26<sup>th</sup> – July 28<sup>th</sup>)

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Printed Name \_\_\_\_\_ Supervisor Title: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_ Supervisor Email: \_\_\_\_\_

Executive Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Printed Name: \_\_\_\_\_ Director Phone: \_\_\_\_\_

Director Email: \_\_\_\_\_

8. Payment Contact: As the agency fiscal representative, our organization agrees to pay all fees associated with the applicant's attendance. If applicant is accepted, I will serve as the main fiscal contact on behalf of the organization.

Fiscal Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

9. By signing below you signify your commitment **to attend the full six-day (three-day if advanced academy) residential program** if accepted. Please note that acceptance into **the MVAA is not transferable to another colleague or staff member.**

I will need to be off campus at some point during the Academy week. (MOVA will follow up with applicant for scheduling purposes).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Your application must be received by**

**March 3, 2017** - Applicants wishing to be considered for the Mintz Levin/Paul Poth Scholarship and/or the Cheryl Watson Memorial Scholarship

**May 12, 2017** – All other Traditional & Advanced MVAA applications

**Do not send your registration fee with application.** Full fee of \$490 (traditional) or \$190 (Advanced) includes overnight accommodations, all meals, training materials and evening activities. Fee is non-negotiable. MOVA will review applications and notify those accepted within 30 days of the appropriate application deadline. The fee or a PV is due by **July 10, 2017. Payment must be submitted by July 10, 2017** to attend the academy; if payment is not submitted by this deadline the applicant's spot may be given to another individual.

**Cancellation Policy:** If you cancel 14 or more days prior to the training, you will be refunded 75% of the fee. If you cancel 7-13 days prior, you will be refunded 50%. Refunds for cancellation with less than seven days' notice will be at the discretion of MOVA.

Mail, e-mail or fax your **completed and signed application** form, **INCLUDING** your resume and signed supervisor statement (if applicable) to:

**Massachusetts Office for Victim Assistance  
C/O MVAA  
1 Ashburton Place, Suite 1101, Boston, MA 02108  
Fax: (617) 586-1341, E-mail: [MOVA@state.ma.us](mailto:MOVA@state.ma.us)**