

3. Please indicate the types of services that you primarily provide for crime victims.

- | | |
|--|---|
| <input type="checkbox"/> 24-hour Hotline Advocacy | <input type="checkbox"/> Assistance with Restraining Orders |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Child Care |
| <input type="checkbox"/> Community Education | <input type="checkbox"/> Court Advocacy |
| <input type="checkbox"/> Criminal Justice Advocacy | <input type="checkbox"/> Crime Victim Compensation Asst. |
| <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Emergency Medical Advocacy |
| <input type="checkbox"/> Information/Referral | <input type="checkbox"/> Legal Advocacy |
| <input type="checkbox"/> Multidisciplinary Teams | <input type="checkbox"/> Training/Technical Assistance |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Social Service Advocacy |
| <input type="checkbox"/> Support Groups | <input type="checkbox"/> Therapy/Counseling |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Notification |
| <input type="checkbox"/> Victim Impact Statement Asst. | <input type="checkbox"/> Other _____ |

4. Please attach (1) a brief summary of your current/previous experience assisting crime victims, including position, organization, responsibilities, and dates of service, and (2) a personal statement addressing the following (**no more than two typed pages**):

- Explain why you want to attend the Academy and how your participation will benefit you, your organization, your clients, and your community.
- The Academy seeks participants representing a broad range of agencies and geographic locations in New Jersey, and a cadre of participants with diverse cultural backgrounds. Please provide information on the nature of your work, the diversity of persons you serve, and the personal characteristics you will bring to the Academy that will enhance the breadth of perspectives and experiences of the class.
- 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 victim services and uphold victims' rights.

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 New Jersey Victim Assistance Academy.

By signing below, I also signify my commitment **to attend the full 40-hour course** and to participate in the evaluation of the curriculum. I further understand that I am responsible for the \$400.00 fee. **Please note that acceptance into the Academy is not transferable to another colleague or staff member.**

Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

The NJVAA warmly welcomes bilingual applicants. Please note, however, that all Academy sessions will be conducted in English.

RUTGERS
School of Social Work

Institute for Families
Rutgers, The State University of New Jersey
100 Joyce Kilmer Ave. Bldg. 4161
Piscataway, NJ 08854

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New Jersey Victim Assistance Academy (NJVAA)

Office of Training and Education Programs
Institute for Families



Funded by

U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime

and

New Jersey Department of Law & Public Safety, Division of Criminal Justice, State Office of Victim Witness Advocacy

PARTNERING for CHANGE

RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY

The New Jersey Victim Assistance Academy (NJVAA) provides a 40-hour, academically based training program that covers a broad array of topics in victims' rights and services. Although the NJVAA does not offer victim service providers training in their discreet areas of practice, it does provide a comprehensive overview of crime victim services, including victimology, the justice system, advocacy, and victims' rights. Participation in the Academy serves as a first level of tiered training.

Academy Objectives

1. Offer a comprehensive, academic-based curriculum to enhance the quality of victim services.
2. Meet the foundation-level training needs of a wide range of victim service providers and allied professionals.
3. Enhance the social service, criminal justice, medical, and mental health networks necessary to ease the trauma of crime.

NJVAA Eligibility

To be eligible for selection to attend the Academy, candidates must:

1. Complete the application
2. Serve in a paid and/or volunteer position having direct contact with victims of crime in New Jersey
3. Have fewer than five years' experience working and serving victims of crime
4. Agree to attend all eight sessions

Certificate of Graduation

Participants receive a certificate upon successful completion of all Academy sessions.

Academy Costs and Time Frames

The NJVAA will select approximately 30 candidates representing both disciplinary and geographic diversity to attend the Academy at Rutgers School of Social Work – Institute for Families in Piscataway. **The Academy sessions will take place every Wednesday (except for Tuesday, June 7th) for eight weeks, on the following dates: : June 1, 7, 15, 22, 29; July 6, 13, and 20 . Each session begins at 9:00 a.m. and ends at 3:30 p.m.**

The cost of attending the Academy program is \$400 per person. *Candidates must submit the \$400 fee upon approval of their application and before the sessions begin.* Costs include registration fee and all course materials. Lunch is not provided.

Academy scholarships are available through OVC TTAC. Scholarship applications need to be submitted 60 days prior to the Academy start date. To obtain an application, visit the OVC TTAC website at www.ovcttac.gov/views/HowWeCanHelp/dspPDScholarship.cfm.

Cancellation Policy

One-half of the Academy registration fee (\$200) will be refunded until one week before the sessions begin, if you are unable to attend because of unexpected circumstances.

Please mail, fax, or email your completed and signed application form, *including* the information requested in number 4 to:

Sandra C. Moroso, Senior Project Coordinator
Institute for Families
School of Social Work
Rutgers, The State University of New Jersey
100 Joyce Kilmer Avenue, Building 4161
Piscataway, NJ 08854
Telephone: 848-445-7116
Fax: 732-445-0580
Email: smoroso@ssw.rutgers.edu

www.socialwork.rutgers.edu/njvaa

New Jersey Victim Assistance Academy Application

Please include all materials requested below.
All application materials should be printed clearly or typed.
Incomplete applications will not be considered.
 Please let us know if you require any special accommodations.

Name: _____ Date: _____
 Organization: _____
 Address: _____
 City, Zip Code: _____ County: _____
 Phone Number: _____ Fax Number: _____
 Email Address: _____
 Current Position/Title: _____
 Full-time Part-time Paid Volunteer
 Education Level:
 Bachelor's Degree Master's Degree Other
 Number of years of experience in the field of victim services: _____

Please list any trainings you have attended related to victim services: _____

1. Select the jurisdiction and one category below that best describe the type of organization you represent:

Jurisdiction: Federal State City/County Private/Nonprofit

Criminal Justice	Community/Nonprofit	Additional Agencies
<input type="checkbox"/> Court-based	<input type="checkbox"/> All Victims	<input type="checkbox"/> Hospital/Medical
<input type="checkbox"/> Corrections-based	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Juvenile Justice-based	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Parole-based	<input type="checkbox"/> Drunk Driving	<input type="checkbox"/> Religious
<input type="checkbox"/> Police/Sheriff-based	<input type="checkbox"/> Elderly Victims	<input type="checkbox"/> State Victim Comp. Staff
<input type="checkbox"/> Probation-based	<input type="checkbox"/> Homeless Shelters	<input type="checkbox"/> State VOCA Asst. Staff
<input type="checkbox"/> Prosecution-based	<input type="checkbox"/> Homicide Support	<input type="checkbox"/> Youth Services
<input type="checkbox"/> Other _____	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Substance Abuse Services
	<input type="checkbox"/> Missing/Exploited Children	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____	

2. Please indicate below the types of victims that you primarily serve (check all that apply):

<input type="checkbox"/> All/General Victim Services	<input type="checkbox"/> Assault/Robbery/Theft
<input type="checkbox"/> Bias Violence/Hate Crimes	<input type="checkbox"/> Child Abuse
<input type="checkbox"/> Crime/Fraud	<input type="checkbox"/> Dating Violence/Stalking
<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Drunk Driving
<input type="checkbox"/> Elder Abuse	<input type="checkbox"/> Gang Violence
<input type="checkbox"/> Immigrants/Refugees	<input type="checkbox"/> Missing/Exploited Children
<input type="checkbox"/> Property/Economic Crime/Fraud	<input type="checkbox"/> Sexual Assault
<input type="checkbox"/> Survivors of Homicide Victims	<input type="checkbox"/> Other _____
<input type="checkbox"/> Special Needs/Victims with Disabilities	