IVAA BASIC ACADEMY APPLICATION
TUESDAY JUNE 9- THURSDAY JUNE 11, 2015
Application Deadline February 15, 2015

Application Instructions

Please complete the application packet. Do not fax any part of the application. Incomplete applications will not be considered. The entire original application must be submitted. Please make any copies of the application you wish to keep prior to mailing. You must do the following:

1. Complete and submit IVAA application.
2. Letters of recommendation: One letter of recommendation must come from the applicant’s current direct supervisor of the sponsoring agency and needs to specifically 1) address applicant’s leadership qualities and 2) explain how the IVAA would benefit the applicant professionally.
3. Essay: In 500 words or less, describe how the Academy will benefit you, your organization, and your community. Include any additional information that you believe is important for the participant selection committee to consider when evaluating your application. This essay must be typed and submitted with your application.
4. Receipt of Application: Please mail your completed application (pages 3-6 of this application, your essay and your letter of recommendation) to:

   Idaho Victim Assistance Academy
   Attn: Student Selection Committee
   300 E. Mallard Dr., Suite 130
   Boise, ID 83706

Or scan and email to: Hannah@engagingvoices.org and write: Idaho Victim Assistance Academy Application in the subject line.

All applications must be received or dated no later than February 15th. Applicants will be notified of their application status no later than March 1st.

If you have any questions regarding the application or the application process, please contact Jennifer Landhuis jennifer@engagingvoices.org or 208-384-0419 x303.

The Academy

The Idaho Victim Assistance Academy is a unique academic opportunity involving multi-disciplinary professionals learning and leading together to better serve the needs of Idaho crime victims.
Benefits of attendance:
- Recognition of professional skills and competence
- Recognition of specialized education and experience with crime victims
- A demonstrated commitment to professional development
- Networking opportunities with other professionals
- Increased value to employers and the community through the completion of the training academy

IVAA Eligibility

In order to be considered for eligibility, you should have one to five years of experience working with crime victims, complete the entire IVAA application, and be selected to participate. A maximum of twenty-five (25) students representing both disciplinary and geographic diversity will be selected to attend the IVAA.

To successfully complete the Academy, you must
- attend the entire beginning with an opening breakfast early Tuesday morning, June 9, 2015 through Thursday, June 11, 2015 as well as view out of class webinars prior to the academy.
- read the entire Academy manual before the beginning of the academy and actively participate in homework assignments and class discussion.
- We anticipate a large number of applicants. Your essay, as well as your supervisor letter will be used to determine eligibility. Only the top 25 applicants, representing a variety of disciplines and regions of the states, will be admitted to the Academy. Additionally, if large numbers of applications are received, only one applicant from each agency will be admitted.

Academy Fees

Students must pay a $500 fee upon approval of their applications and prior to the Academy. This fee includes lodging, meals, tuition, parking, and training materials.

Students who live in the area may commute each day to Boise State University. There is no reduction in the fees for local participants who choose not to stay on campus.

Due to a JAG grant from the Idaho State Police, we are also able to offer scholarships. You will be offered lodging, per diem/meals, tuition, and training materials. You will not be reimbursed for your travel to the Academy.

- ☐ I am requesting to be considered for a partial scholarship in the amount of $250.
- ☐ I am requesting to be considered for a full scholarship in the amount of $500.

Provide a brief explanation why your agency is unable to pay for your fees:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
Participant Responsibilities

The Academy is a rigorous learning environment which requires your attendance at every event. Participants shall:

• **Read the entire IVAA manual** prior to the Academy
• Plan to attend the Academy in its entirety. The Academy has **several evening sessions and participants must attend each session/activity.**

The applicant retains sole liability for deliberate falsehoods, misrepresentations, or forgeries in this application, and the practitioner retains sole liability for any consequences of misrepresentations, deliberate falsehoods, or practices outside the bounds of competency.

Please type or print legibly in black ink.

Name____________________________ Date ____________________________
Organization________________________________________________________________
Work Address__________________________________________________________________
County Where Agency is Located _______________________________________________
Contact Address________________________________________________________________
Work Phone___________ Cell Phone___________ Home Phone______________________
E-Mail Address________________________________________________________________
Current Position (Title) ____________________________ Paid_____ Volunteer _______
Number of Years experience working with crime victims (as a paid employee) _______
Number of Years experience working with crime victims (as a volunteer) _____________
Education/Degrees___________________________________________________________
Year____________________ Major _______________________________________

1. Select the jurisdiction and one category that best describes the organization you represent:

Jurisdiction: □ Federal  □ State  □ Local

Criminal Justice-based      Community/Nonprofit      Additional Agencies
□ Police Department        □ All Victims          □ Youth Services
2. Please indicate the types of victims with whom you have primarily had experience (check no more than three boxes):

- Intimate Partner Violence
- Sexual Assault/Exploitation
- Elderly
- Missing/Exploited Children
- Ethnic Minorities
- Property/Economic Crime/Fraud
- Child Abuse
- Persons with Disabilities
- Survivors of Homicide Victims
- Bias/Hate Crime
- Drunk Driving
- Other__________________________________________

3. Please indicate the types of services that you primarily provide (or assist in obtaining) for victims in your current position (check no more than five boxes):

- Crisis Intervention
- Notification
- 24-Hour Hotline
- Victim Impact Statement Assistance
- Shelter
- Legal Advocacy
- Short-term Counseling
- Training and Technical Assistance
- Long-term Counseling
- Transportation
- Criminal Justice System Advocacy
- Child Care
- Survivors of Homicide Victims
- Restitution Assistance
- Drunk Driving
- Other__________________________________________

4. Please briefly summarize your current and previous experience in assisting crime victims and describe other relevant employment during the past ten years. Provide position, responsibilities, and dates of service in chronological order, beginning with current position.

Position_________________________________ From:___________ To: ___________
Organization __________________________________________________________
Supervisor ____________________________Phone/Email _______________________
______________________________________________________________________
Responsibilities/Experience _____________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
5. Are you interested in receiving academic credit for your participation in the IVAA?
   Yes___________ No____________
   To obtain college credit (optional) participants must meet the requirements of Boise State University. To receive an application, or for answers to questions, contact Dr. Lisa Growette Bostaph at (208) 426-3886 or lisabostaph@boisestate.edu.

6. I hereby authorize all former employers listed in this application to furnish the IVAA selection committee with relevant information that they may have concerning me which they have on record or otherwise; and I release such individual, company, or
institution and the IVAA selection committee from any and all liability for any damage whatsoever incurred in furnishing such information. A photocopy of my signature on this page will suffice as an original.

___________________________________  ______________
Signature of Applicant      Date of Signature

___________________________________
Printed Name of Applicant

7. 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 Idaho Victim Assistance Academy. By signing below, I also signify my commitment to attend the full course and to participate in the evaluation of the curriculum.

Signature_____________________________________  Date:_______________

Supervisor’s Signature__________________________   Date:_______________