# **Student Application**

Please include all materials requested. Incomplete applications will not be considered.

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| --- | --- |
| Name: Click or tap here to enter text. | Date: Click or tap here to enter text. |
| Organization: Click or tap here to enter text. | |
| Address: Click or tap here to enter text. | |
| Phone Number: Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Current Position/Title: Click or tap here to enter text. | |
| ☐ Paid ☐ Volunteer ☐ Full-time ☐ Part-time | |
|  | |
| Is your position VOCA funded? ☐ Yes ☐ No | |
| Education Level: | |
| ☐ High School Diploma ☐ Associate’s ☐ Bachelor’s ☐ Master’s  ☐ Other: Click or tap here to enter text. | |
| Number of years of experience in victim services: Choose an item. | |
| *\*If you have more than three (3) years of experience, please attach a recommendation from your supervisor explaining how your participation in the HSVAA will strengthen your ability to provide effective services to victims of crime.* | |
| Please list any trainings you have attended related to victim services:  Click or tap here to enter text. | |
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1. Select the designation that best describes your organization:

|  |  |
| --- | --- |
| ☐ Victim Service Organization | ☐ Government Agency – Non-Criminal Justice |
| ☐ Government Agency – Criminal Justice | ☐ Other: Click or tap here to enter text. |

1. What Island do you primarily provide services to?

|  |  |
| --- | --- |
| ☐ Hawaii | ☐ Kauai |
| ☐ Lanai | ☐ Molokai |
| ☐ Oahu | ☐ Statewide |

1. What services do you provide to victims of crime?

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| --- | --- |
| ☐ Criminal/civil justice system assistance (e.g., assistance with victim impact statements, assistance with restitution and filing for victim compensation, civil legal attorney assistance, immigration attorney assistance, notification of criminal justice events) | ☐ Personal advocacy and accompaniment (e.g., advocacy/accompaniment to emergency medical care, intervention with employer/creditor/landlord/academic institution, immigration assistance, interpreter services) |
| ☐ Emotional support or safety services (e.g., crisis intervention, counseling, emergency financial assistance, hotline services, safety planning, on-scene crisis response) | ☐ Shelter/housing services (e.g., emergency shelter or safe house, transitional housing, relocation services) |
| ☐ Information and referral (e.g., information about the criminal justice process or referral to other victim services. | ☐Other: Click or tap here to enter text. |

1. Please indicate the age group(s) you primarily provide victim assistance services to (check all that apply):

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| --- | --- |
| ☐ Children (newborn – 12 years | ☐ Adults (25 -64 years old) |
| ☐ Youth/teens (13-17 years old) | ☐ Adults (65 years old and older) |
| ☐ Young adults (18-24 years old) | ☐ Other: Click or tap here to enter text. |

1. Ten percent (10%) of VOCA funds are dedicated to providing services to victims in underserved groups, as defined by the Federal Office for Victims of Crime (OVC) and State CPJAD. Do you provide victim assistance services to any of these underserved groups? (Check all that apply)

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| --- | --- |
| ☐ Elderly victims | ☐ Homeless victims |
| ☐ Immigrants/individuals with Limited English Proficiency | ☐ Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+) |
| ☐ Native Hawaiian victims | ☐ Survivors of homicide and negligent homicide |
| ☐ Tourist/Visitor victims | ☐ Victims with disabilities |
| ☐ Victims with mental health and/or substance abuse issues | ☐ Victims residing in rural or geographically isolated areas |
| ☐ Victims of sex trafficking | ☐ Victims of violent property crimes |
| ☐ Youth (13 – 24 years old) victims aging out of the foster care system | ☐ Youth offenders (13 – 24 years old) who are also victims |
| ☐ Other: | |

1. Please include below a (1) 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 pages):
   1. Explain why you want to attend the HSVAA and how your participation will benefit you, your organization, your clients, and your community.
   2. The HSVAA seeks students representing a broad range of agencies and with diverse cultural backgrounds. Please provide information on the nature of your work, the diversity of persons you serve, and the personal characteristics you bring to the HSVAA that will enhance the breadth of perspectives and experience in the class.
   3. If you do not provide direct services as a victim service provider, please describe your role and responsibilities, how your work impacts victims, and your goals in helping to improve victim services and uphold victims’ rights.
2. List any accommodations you may require (please be specific): Click or tap here to enter text.

**Signature**

I certify that the information provided in 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 into the Hawaii State Victim Assistance Academy.

By signing below, I also signify my commitment to attend and participate in the entire 40 hour HSVAA training, including both live online and self-paced sessions.

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| --- | --- |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Supervisor Support**

A Supervisor must support your participation in the HSVAA and agree to the time commitment required. Please provide the information requested and your Supervisor’s signature below. This signifies that your Supervisor understands that your participation in the HSVAA involves 40 hours of dedicated, non-interrupted time, in both live online and self-paced sessions, to complete the coursework.

|  |  |
| --- | --- |
| Name: Click or tap here to enter text. | Title: Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Email: Click or tap here to enter text. |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Summary of Current/Previous Experience and Personal Statement

Name: Click or tap here to enter text.

Click or tap here to enter text.