



Let's end abuse right here.

## Domestic Violence Counselor Certification Training

Name: \_\_\_\_\_  
Last First

Gender Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

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

1. Please initial next to the statement that applies to you:

\_\_\_ **VOLUNTEER**: My registration fees are waived because I am committing to serve SAVE as a volunteer for a minimum of **100 hours over 6 months** following the conclusion of the training. Upon accepting a space in the class I will submit **\$75** for the cost of materials. I understand that I will receive the training certificate upon completion of the volunteer commitment.

\_\_\_ **COMMUNITY PARTNER**: I am from a community partner organization and once I have received confirmation from SAVE I will submit a **\$250** payment for the course.

\_\_\_ **COMMUNITY MEMBER**: I would like to enroll in the certification training without a volunteer commitment. Once I have received confirmation from SAVE I will submit a **\$350** payment for the course.

\_\_\_ **EMPLOYEE**: I am currently an employee of SAVE.

- 2. I understand the importance of **attending all sessions** in order to receive my certificate. *I will be present at all sessions.* In the case of illness or emergency, I will notify the facilitator as soon as possible.
- 3. I understand that the topic of domestic violence can elicit sometimes strong and unexpected emotions, including feelings of vulnerability. **I agree to do my part in creating a safe, non-judgmental environment** in which each person present – whose background, experiences, beliefs and values may differ from mine – may participate in their own exploration of issues related to domestic violence.
- 4. I understand that **returning this application does not guarantee placement in the training.** Placement is decided on a first-come, first serve basis. Volunteer placement is based on the needs of the organization.

\_\_\_\_\_  
Your signature here indicates agreement to all above statements

\_\_\_\_\_  
Date

Please briefly describe why you are interested in attending this training:

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Please mail/fax/email to: SAVE 1900 Mowry Ave Suite 201, Fremont, CA 94538  
ATTN: Ashley Lynette  
Fax #: (510) 574-2252  
Email: AshleyL@save-dv.org