



Let's end abuse right here.

Domestic Violence Counselor Certification Training Registration Form

Name: _____ Gender Pronouns: _____
Last First

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:

Please mail/fax/email to: SAVE 1900 Mowry Ave Suite 201, Fremont, CA 94538

ATTN: Jacia Mim

Fax #: (510) 574-2252

Email: JaciaM@save-dv.org