



Domestic Violence Advocate Training Registration Form

Name: _____ Gender Pronouns: _____

Address: _____

Phone: _____ Email: _____

1. Please initial next to the statement that applies to you:
____ **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-served basis.

Your signature here indicates agreement to all the above statements

Date

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

Please email completed and signed form to
Community Engagement and Education Manager, Emily Anderson,
at emilya@save-dv.org no later than June 24, 2022