



40-Hour Domestic Violence Advocacy Training

Registration Form

Please complete this form and email your application to veronica.truong@aaci.org.

Name: _____ Date: _____

Address: _____

Email: _____ Phone: _____

Please provide Academic, Work, or Training background: _____

Do you speak any language other than English? If yes, which language(s)? _____.

Please check the statement that applies to you:

I would like to enroll in the training without a volunteer commitment. I have enclosed a check for \$400.

I am committing to volunteer with Asian Women's Home and able to serve a minimum of 100 hours, 4 hours per week or 10 hours a month over the duration of one year. For this commitment, my fees for the training are waived and I have enclosed a check for \$75 to cover the cost of materials. I also understand the training certificate will be received upon completion of the volunteer commitment.

I am currently an employee of AACI or a sister agency at _____.

I understand the following:

Attendance at all sessions is legally mandated by the State of California to become a certified "Domestic Violence Advocate," under Evidence Code section 1037.1. I will be present at all sessions. In case of an emergency, I will notify the facilitator as soon as possible. There will be no make-up sessions.

The topics discussed in the training may be heavy at times. I agree to do my part in creating a safe and respectful learning environment for all.

Applicants for the training will have an in-person meeting before placement is made. The priority of placement is based on the volunteer needs of the program.

To develop a sense of who is in the training, please answer the following questions on a separate sheet of paper. Please limit answers to less than 1/2 a page per question. Please return your answers with this form. Thank You!

- What is your experience with domestic violence?
- What are your reasons for taking the training? What do you hope to gain?
- Have you ever been convicted of a felony? If so, why?
- Is there anything else you would like to share?

I have read, understand, and agree with the above information.

Signature: _____ Print Name: _____ Date: _____

