

**Volunteer
Training
Certification
Forms**

CHECKLIST

Name of Program _____

Application packets must be submitted in the following order and page numbers must be listed. Please submit original forms when applying. Consult your Certification Guidelines for specific information about these items. Required information must be submitted and inclusive in your certification packet, i.e., “refer to” or “previously submitted” **will not be accepted.**

Page#	Item
	Completed checklist
	Application Cover Sheet - Program Information & Agreement page - dated and signed by executive director, board president and direct services coordinator
	Direct Services Coordinator page
	Direct Services Coordinator job description
	Direct Services Coordinator resume
	A copy of your program’s training agenda w/topics, trainers, times - list out the required topics/subtopics on your agenda.
	An outline of any self-study or on-the-job training assignments.
	Training Hours Chart
	Trainer Information form(s) (please state # of forms enclosed)
(#forms)	
	Copy of final test
	Advocate training manual table of contents (DO NOT SEND TRAINING MANUAL!)
	Volunteer Policies (see Section I - Volunteer Policies)
	Copy of volunteer application form
	Job descriptions for direct service volunteers.

Application Cover Sheet - Program Information & Agreement

Name of Program _____

Address _____

Telephone _____

(Business)

(Hotline)

(Fax)

Service Area _____

(Counties)

Signatures:

Executive Director

Direct Services Coordinator

Board of Directors President

I certify that the information attached is a true and accurate account of the above listed agency's volunteer training program and that this program meets or exceeds the minimum requirements for training certification by the OAG SAPCS, Crime Victim Services Division.

I further understand that changes in the program's crisis intervention training, trainers, or direct services director will be reported to the OAG SAPCS within ninety days of these changes.

Authorized signature

Date

Please return this form, completed application checklist and all supporting documentation to:

**Volunteer Program Certification Specialist
Sexual Assault Prevention and Crisis Services 011-1
Crime Victim Services Division
Office of the Attorney General
P O Box 12548
Austin, TX 78711-2548**

Please allow 4 months for processing. Thank you.

Direct Services Coordinator

Name: _____ Title: _____

Qualifications:

Direct Services Coordinator Since: _____

Crisis Intervention Training:

Training Provided by _____ Location of Training _____

Date Completed _____

Continuing Education:

TAASA Conferences Attended: _____

NCASA Conferences Attended: _____

Other Relevant Continuing Education:

Crisis Intervention Volunteer /Advocate Experience:

Program/Agency _____

Dates of Service _____

Areas of Expertise: (√ All That Apply)

- | | |
|---|---|
| <input type="checkbox"/> Incest Survivors | <input type="checkbox"/> Child Sexual Assault |
| <input type="checkbox"/> Spousal Rape Survivors | <input type="checkbox"/> Adult Male Survivors |
| <input type="checkbox"/> Teen Survivors | <input type="checkbox"/> Adult Female Survivors |
| <input type="checkbox"/> Significant Others | <input type="checkbox"/> Other: |

Do you still provide direct client services? Yes No

If yes, approximate number of hours per month spent in direct client services:

_____ Via Telephone
_____ In Hospital

_____ In Office
_____ Other Locations

Other relevant information:

Training Hours Chart

Training Delivered: (√ one) Classroom Combination

Fill in the number of hours you designate during your training to each topic.
Reminder: You must provide the minimum number of hours for each topic as is required for certification (see the Training Chart under Training Requirements).

Record the number of hours spent for each topic in the chart below

Classroom Hours - CH		Combination - COM		
Classroom	Topic	Classroom	Self-study	On-the-job
	Orientation			
	Definitions/Facts			
	Orientation to Sexual Assault Issues			
	Advocacy			
	Crisis Intervention			
	Types of Sexual Assault & Types of Special Populations			
	Medical			
	Criminal Justice			
	Volunteer Information			
	Reporting & Documentation			
	Role-Play			
	Local Program Specific Issues			
	Sub-Total			
	TOTAL			

Trainer Information Form

Name _____ Title _____

Training presented on following subject(s)

Sub-topics qualified to train on (examples in highlight):

Sub-Topic	Position/Title	Years of Experience in Sub-topic
Rape Trauma Syndrome	Sexual Assault Advocate	5 Years
Law enforcement procedures	Police Officer	10 Years

I certify that I am qualified to deliver accurate information to sexual assault volunteer advocates on the subject(s) listed above.

Signature

Please duplicate and use a separate form for each trainer.

Advocate Training Hours Track Sheet

(Copy kept in each volunteer's file)

Advocate Name _____

Application Date _____

Screening Date _____

Training Delivered: (one) Classroom Combination

Record the number of hours spent for each topic in the chart below

Classroom Hours - CH		Combination - COM		
Classroom	Topic	Classroom	Self-study	On-the-job
	Orientation			
	Definitions/Facts			
	Orientation to Sexual Assault Issues			
	Advocacy			
	Crisis intervention			
	Types of Sexual Assault & Types of Special Populations			
	Medical			
	Criminal Justice			
	Volunteer Information			
	Reporting & Documentation			
	Role-Play			
	Local Program Specific Issues			
	Sub-Total			
	TOTAL			

