

## Consultant Network Application Victim/Survivor Impact Consultant

Thank you for your interest in enrolling as a consultant for OVC TTAC. By working with OVC, you have the opportunity to make a positive impact on other crime victims and survivors, and the professionals who assist them. OVC encourages victims and survivors to share their experience in order to bring awareness to the impact of crime. We appreciate your courage in speaking out, and we rely on you and other survivors to tell the stories that only you can tell.

As you have told your stories to others up to now, you may have been surprised that you sometimes had no reaction to speaking and at other times you may have noticed a strong reaction. Speaking about a traumatic experience can be similar to reliving the event, and could cause painful memories to reawaken. It is possible that you may have emotional or even physical reactions to speaking about the details of a crime. Please do not attempt to speak about your trauma until you have had time to process the experience (we recommend a minimum of a year).

Anytime you choose to speak about the crime you experienced, it is important to practice self-care techniques:

- Share only the details you want to share – you do not need to tell anything you do not want to and you do not need to answer every question you are asked.
- Bring a friend or supporter with you when you have a speaking engagement, if that is feasible. If not, plan to call a supportive person after you have finished speaking.

**Please Note:** When traveling on behalf of OVC or OVC TTAC, travel expenses allocated to the consultant will not cover the additional expenses of a “supporter.” For additional travel assistance, **prior approval is required.**

- Take some notes after you have spoken to identify some of your reactions and to help you prepare for future presentations.

If you would like more information, please read *Impact of Crime on Victims* at [https://www.ovcttac.gov/downloads/views/TrainingMaterials/NVAA/Documents\\_NVAA2011/ParticipantText/04\\_NVAA\\_March\\_2011\\_Impact\\_of\\_Crime\\_PText\\_final.docx](https://www.ovcttac.gov/downloads/views/TrainingMaterials/NVAA/Documents_NVAA2011/ParticipantText/04_NVAA_March_2011_Impact_of_Crime_PText_final.docx).

Please complete the Consultant Network Application as accurately as possible, as this information will be used to match your experience with specific requests for speaking or impact statements. While definitions and explanations about the different sections are provided for you, *The Guide to Completing the Consultant Network Application* is also available in Microsoft Word and PDF formats at [www.ovcttac.gov/CNAGuide](http://www.ovcttac.gov/CNAGuide).

If you need assistance completing this form or have specific questions, please contact OVC TTAC toll-free at 1-866-OVC-TTAC (682-8822), selecting customer service option 2 for Consultant Network Application inquiries, or through our TTY at 1-866-682-8880.

## **Required Documents Checklist:**

In order for your application to be considered complete, you must e-mail us the following, along with your application, to [ttac@ovcttac.org](mailto:ttac@ovcttac.org):

- Resume / CV (required)**  
File size must be 500KB or smaller. The file should be in one of these formats: Word (.doc), PDF (.pdf), Rich Text Format (.rtf), or plain text (.txt).
- Photo (optional)**  
The preferred formats for your picture are Jpeg (.jpg) or PNG (.png). The recommended minimum size for the file should be 140 x 160 pixels at 72 dpi.
- Disclosure and Authorization Form (required)**  
You may send the Disclosure and Authorization form to OVC TTAC via one of the following methods

**U.S. mail:** OVC TTAC  
9300 Lee Highway  
Fairfax, VA 22031

**Fax:** 703-225-2338

**Scan and E-mail:** [ttac@ovcttac.org](mailto:ttac@ovcttac.org)

**PLEASE NOTE:** If these items are not received within 2 weeks of submitting your Consultant Network Application, your application will be considered incomplete and removed from the system.

**In order to be used as an OVC consultant, you must be a U.S. citizen or eligible to work in the United States. If you have any questions, please contact OVC TTAC at (866) 682-8822.**

Are you a U.S. citizen?    Yes    No                      If NO, are you eligible to work in the U.S.?    Yes    No

**A. CONTACT INFORMATION**

This section provides your contact information and preferences.

**\* Denotes a required field.**

|   |                     |   |                         |
|---|---------------------|---|-------------------------|
| Prefix (Mr., Ms., Dr.):   | First Name:*        | Last Name:*   | Suffix (Jr., Sr., etc.) |
| SSN:*(Will remain confidential)   |                     | Title:  |                         |
| Organization:   |                     |   |                         |
| Preferred Address:*(Federal Express and other couriers will not deliver to a P.O. Box address.)   |                     |   |                         |
| Preferred Address 2:  |                     |   |                         |
| City:*  | State / Territory:* | Zip Code:*  | Country:*               |
| Business Phone:   |                     | Business E-mail:  |                         |
| Home Phone:   |                     | Home E-mail:  |                         |
| Cell Phone:   |                     | Fax:  |                         |
| Preference for phone contact:<br><input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business  |                     | Preference for e-mail contact:<br><input type="checkbox"/> Home <input type="checkbox"/> Business |                         |
| Will you be speaking, training, or providing technical assistance independently or on behalf of your agency?<br><input type="checkbox"/> Individual / Independent <input type="checkbox"/> Organization / Agency (If organization, please list the Federal ID #): _____<br><input type="checkbox"/> Both (Please list your organization's Federal ID #): _____  |                     |   |                         |
| If enrolled as a consultant, portions of the OVC TTAC consultant information (e.g., name, contact information, areas of expertise, and biographical sketch) may be made available to organizations requesting victim impact speakers.<br>Does OVC TTAC have permission to give out your contact information and biographical sketch, if requested? *<br>Note: <b>Only</b> your name and your preferred address, phone, and e-mail will be provided. |                     |   |                         |
| <input type="checkbox"/> Yes, please share my contact information for speaker requests.<br><input type="checkbox"/> No, please do not release my contact information without speaking to me first.  |                     |   |                         |

**B. APPLICANT INFORMATION**

This section captures professional and demographic information.

**1. Language Proficiency**

Indicate your proficiency in the following languages by checking all that apply.

|  |           |                                     |                                 |   |
|--|-----------|-------------------------------------|---------------------------------|---|
|  | Writing:  | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Speaking: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Writing:  | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Speaking: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Writing:  | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Speaking: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Writing:  | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |
|  | Speaking: | <input type="checkbox"/> Proficient | <input type="checkbox"/> Fluent | <input type="checkbox"/> Native Fluency |

Do you know how to sign?  Yes  No

If yes, please specify the type(s) of sign language you use: \_\_\_\_\_

**2. Employment**

I am currently employed by or affiliated with: (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Nonprofit organization        | <input type="checkbox"/> Federal government            | <input type="checkbox"/> For-profit organization                |
| <input type="checkbox"/> School (Pre K-12)             | <input type="checkbox"/> Local government              | <input type="checkbox"/> Contractor                             |
| <input type="checkbox"/> School (College / University) | <input type="checkbox"/> State government              | <input type="checkbox"/> Self-employed (Independent consultant) |
| <input type="checkbox"/> Federal law enforcement       | <input type="checkbox"/> Tribal government             | <input type="checkbox"/> Medical health / Mental health         |
| <input type="checkbox"/> State law enforcement         | <input type="checkbox"/> Military                      | <input type="checkbox"/> Faith-based organization               |
| <input type="checkbox"/> Local law enforcement         | <input type="checkbox"/> Legal                         | <input type="checkbox"/> OVC grantee                            |
| <input type="checkbox"/> Courts                        | <input type="checkbox"/> Retired (Specify year): _____ |   |
| <input type="checkbox"/> Other (please specify): _____ |  |   |

I am currently employed by or affiliated with: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Contractor                             | <input type="checkbox"/> OVC grantee                    |
| <input type="checkbox"/> Self-employed (Independent consultant) | <input type="checkbox"/> For-profit organization        |
| <input type="checkbox"/> Nonprofit organization                 | <input type="checkbox"/> Medical health / Mental health |
| <input type="checkbox"/> Federal government                     | <input type="checkbox"/> State government               |
| <input type="checkbox"/> Local government                       | <input type="checkbox"/> Tribal government              |
| <input type="checkbox"/> Federal law enforcement                | <input type="checkbox"/> State law enforcement          |
| <input type="checkbox"/> Local law enforcement                  | <input type="checkbox"/> Legal                          |
| <input type="checkbox"/> Courts                                 | <input type="checkbox"/> Faith-based organization       |
| <input type="checkbox"/> Retired (Specify year): _____          | <input type="checkbox"/> Other (please specify): _____  |

**3. Race / Ethnicity and Gender (Optional)**

This list below includes federal race and ethnic classifications as defined by the U.S. Office of Management and Budget (OMB). Your voluntary cooperation in providing this information is greatly appreciated. You may refer to the *Application Guide* for the definitions of each term.

- Race / Ethnicity:**  American Indian or Alaska Native  Asian or Pacific Islander
- Black or African-American (Not of Hispanic origin)  Hispanic  White (Not of Hispanic origin)
- If you identify as other, please specify self-identification: \_\_\_\_\_

- Gender:**  Male  Female  Other (Please specify): \_\_\_\_\_

|  |  |  |
|--|--|--|
| <b>4. Disability or Special Needs (Optional)</b>   |  |  |
| Do you have one of the following? (Check all that apply)   |  |  |
| <input type="checkbox"/> Visual impairments <input type="checkbox"/> Physical disabilities <input type="checkbox"/> Hearing impairments <input type="checkbox"/> Mental, psychological, and/or personality disorders<br><input type="checkbox"/> Other (Please specify): _____   |  |  |
| For all OVC coordinated trainings and conferences, ADA compliance is given top priority. Please let us know what accommodations you will need while providing victim impact presentations for OVC TTAC. (Check all that apply)   |  |  |
| <input type="checkbox"/> Personal care attendant<br><input type="checkbox"/> Wheelchair accessible (transportation, meeting space, lodging, etc.)                    Type of wheelchair: <input type="checkbox"/> Manual <input type="checkbox"/> Electric<br><input type="checkbox"/> Sign language interpreter                    Specify type of sign language: _____<br><input type="checkbox"/> Accommodations for service animal<br><input type="checkbox"/> Convert materials into sight-assistive technology                    Specify type of technology preferred: _____<br><input type="checkbox"/> Specific dietary needs<br><input type="checkbox"/> Other (Please explain): _____ |  |  |
| <b>5. Technology Capability (Optional)</b>   |  |  |
| Of the following technologies / software, please indicate those which you can use:   |  |  |
| <input type="checkbox"/> Online learning <input type="checkbox"/> Webinars <input type="checkbox"/> Social media (Specify type: e.g., Facebook, Twitter): _____<br><input type="checkbox"/> Other (Please specify): _____  |  |  |
| <b>6. How did you hear about the OVC TTAC Consultant Network?</b>  |  |  |
| (Check all that apply)   |  |  |
| <input type="checkbox"/> OVC <input type="checkbox"/> Conference / Training <input type="checkbox"/> Current / Former OVC TTAC consultant (Who?): _____<br><input type="checkbox"/> Friend <input type="checkbox"/> Colleague <input type="checkbox"/> Social media <input type="checkbox"/> OVC Web site <input type="checkbox"/> OVC TTAC Web site <input type="checkbox"/> TTA requester<br><input type="checkbox"/> Other (Please specify): _____  |  |  |

**C. EDUCATION HISTORY**

|   |                                      |             |
|---|--------------------------------------|-------------|
| This section allows you to document your academic achievements, licenses and certifications, and formal training background, if any. Your response will not impact OVC TTAC's decision in the approval process.   |                                      |             |
| <b>1. Formal Education</b>  |                                      |             |
| Please indicate the highest level of education received.  |                                      |             |
| <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> J.D. <input type="checkbox"/> Ph.D.<br><input type="checkbox"/> Other (Please specify): _____<br><input type="checkbox"/> None |                                      |             |
| <input type="checkbox"/> Partial / Not complete <input type="checkbox"/> Degree pending<br><input type="checkbox"/> Completed / Degree received<br>Concentration(s): _____<br>Date received / expected: _____   |                                      |             |
| <b>2. Licenses and Certifications</b>   |                                      |             |
| Please list any <b>active</b> certifications or licenses received. This may include anything from a CPA or Forensic Examiner license to CPR certification.  |                                      |             |
| Title: _____  | Certifying/Accrediting agency: _____ | Year: _____ |
| Title: _____  | Certifying/Accrediting agency: _____ | Year: _____ |
| Title: _____  | Certifying/Accrediting agency: _____ | Year: _____ |
| Title: _____  | Certifying/Accrediting agency: _____ | Year: _____ |

**3. Professional Development Trainings**

Please list any trainings of note you have taken in the last **2 years only**. These trainings may include accredited or non-accredited online trainings, Webinars, or instructor-led trainings. Please include any adult learning or other educational theory trainings.

|              |                   |             |
|--------------|-------------------|-------------|
| Title: _____ | Offered by: _____ | Year: _____ |
| Title: _____ | Offered by: _____ | Year: _____ |
| Title: _____ | Offered by: _____ | Year: _____ |
| Title: _____ | Offered by: _____ | Year: _____ |
| Title: _____ | Offered by: _____ | Year: _____ |

**D. CRIME VICTIM / SURVIVOR EXPERIENCE**

(Required)

This section gathers information about your general experience in speaking and in delivering victim/survivor impact statements. OVC and OVC TTAC may wish to use your experience to provide input in training and technical assistance. For instance, consultants could be asked to deliver an impact statement for Crime Victims' Rights Week or other topical events or to provide input on the crime victims' experience for inclusion in developing training and technical assistance materials for victim service providers.

OVC uses the following definition to describe speaking engagements: the delivery of speeches or lectures with the intent of sharing particular subject matter expertise.

As a Victim / Survivor Impact Consultant, please check the crime categories and populations that fit with your experiences.

**1. Victim Populations**

Specific or diverse populations that reflect how you identify yourself. This also reflects how you are affected as a victim or survivor. (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> African-American                 | <input type="checkbox"/> Lesbian/gay/bisexual/transgender |
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Male                             |
| <input type="checkbox"/> Asian/Pacific Islander           | <input type="checkbox"/> Middle Eastern                   |
| <input type="checkbox"/> Child                            | <input type="checkbox"/> Persons of faith                 |
| <input type="checkbox"/> Deaf/Hard-of-Hearing             | <input type="checkbox"/> Persons with disabilities        |
| <input type="checkbox"/> Older Adults                     | <input type="checkbox"/> Rural / Frontier                 |
| <input type="checkbox"/> Female                           | <input type="checkbox"/> Urban                            |
| <input type="checkbox"/> Homeless                         | <input type="checkbox"/> U.S. citizens abroad             |
| <input type="checkbox"/> Immigrant                        | <input type="checkbox"/> Other (Specify): _____           |
| <input type="checkbox"/> Juvenile / youth                 | <input type="checkbox"/> Other (Specify): _____           |
| <input type="checkbox"/> Latino                           | <input type="checkbox"/> Other (Specify): _____           |

**2. Type of Crime You Experienced**

(Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Assault (physical)                         | <input type="checkbox"/> Homicide                    |
| <input type="checkbox"/> Abduction / kidnapping                     | <input type="checkbox"/> Identity theft / fraud      |
| <input type="checkbox"/> Bullying                                   | <input type="checkbox"/> Labor Trafficking           |
| <input type="checkbox"/> Campus crime / school violence             | <input type="checkbox"/> Robbery / burglary          |
| <input type="checkbox"/> Child abuse                                | <input type="checkbox"/> Sex Trafficking             |
| <input type="checkbox"/> Children exposed to violence               | <input type="checkbox"/> Sexual abuse / violence     |
| <input type="checkbox"/> Commercial sexual exploitation of children | <input type="checkbox"/> Sexual assault by clergy    |
| <input type="checkbox"/> Computer, Internet / cyber crime           | <input type="checkbox"/> Stalking                    |
| <input type="checkbox"/> Dating violence                            | <input type="checkbox"/> Terrorism and mass violence |
| <input type="checkbox"/> Domestic and family violence               | <input type="checkbox"/> White collar crime          |
| <input type="checkbox"/> DWI / DUI                                  | <input type="checkbox"/> Workplace violence          |
| <input type="checkbox"/> Elder abuse / mistreatment                 | <input type="checkbox"/> Other (Specify): _____      |
| <input type="checkbox"/> Gang-related crime                         | <input type="checkbox"/> Other (Specify): _____      |
| <input type="checkbox"/> Gun violence                               | <input type="checkbox"/> Other (Specify): _____      |
| <input type="checkbox"/> Hate / bias crime                          |  |

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For the two sections below, please check whether you have experience speaking to the following professional types (3. Allied Professionals / Provider Settings) and the types of presentations you have given (4. Speaking Experience), as well as the frequency that you have given these presentations.

| <b>3. Allied Professionals / Provider Settings</b><br>Specific audiences and service providers that you have spoken to or worked closely with. |            | <b>Years of Experience</b><br><i>Check only one</i>   | <b>Frequency</b><br><i>Check only one</i>   |
|--|------------|---|---|
| <input type="checkbox"/> Community-based / nonprofit organization  |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Corrections   |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Courts  |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Crime victim compensation   |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Faith-based institutions  |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Federal justice system  |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Juvenile justice system   |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Law enforcement   |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Media   |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Medical / dental health care  |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Mental health care  |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Military  |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Probation / parole  |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Schools (K-12)  |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> State agencies  |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Substance abuse prevention and treatment center   |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Tribal justice system   |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> University / college campus   |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Victim advocates  |            | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Other   | (Specify): | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Other   | (Specify): | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/> Other   | (Specify): | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |



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| <b>4. Speaking Experience</b>                     |  | <b>Years of Experience</b>  | <b>Frequency</b>  |
|---|--|---|---|
| Types of speaking engagements you have conducted. |  | <i>Check only one</i>   | <i>Check only one</i>   |
| <input type="checkbox"/>                          | Delivering messages to media                             | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/>                          | Participating in community planning                      | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/>                          | Plenary presentations at conferences                     | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/>                          | Providing impact statements / first-hand testimony       | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/>                          | Speaking engagements to community or civic organizations | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/>                          | Speaking engagements to victim assistance programs       | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/>                          | Speaking at awareness events or vigils                   | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/>                          | Other (Specify):   | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/>                          | Other (Specify):   | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |
| <input type="checkbox"/>                          | Other (Specify):   | <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1-3 years<br><input type="checkbox"/> 3-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10+ years | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly |

**E. PRESENTATION INFORMATION**

*(Required)*

Please describe your presentation in the field below. Be sure to include the following information in your description:

- What is the focus of your presentation?
- Do you have “lessons learned” about the reporting process, judicial process, healing process, etc.?
- What do you want the participants to take away from your presentation?
- What is your message?
- Are you telling the story of your experience or do you discuss tips and information from the perspective of the victim/survivor?

**F. REFERENCES**

Each reference should be able to describe your experience with public speaking or giving impact statements. Statements made on this Consultant Network Application are subject to confirmation by OVC TTAC.

- List only professional contacts, such as current or former employers, colleagues, peers, or others who are familiar with your presentations on crime victimization.
- Provide the reference's name, title, mailing address, phone number, e-mail address, and duration and nature of your relationship.
- List at least two references who can provide a thorough summary of your ability to speak about your personal victimization experience to varied public audiences.

\* Denotes a required field

**Reference 1\***

|  |              |                      |                         |
|--|--------------|----------------------|-------------------------|
| Prefix (Mr., Ms., Dr.):                        | First Name:* | Last Name:*          | Suffix (Jr., Sr., etc.) |
| Title:   |              | Relationship to You: |                         |
| Preferred Address:*                            |              |                      |                         |
| City:*   |              | State:*              | Country:*               |
| Zip Code:*                                     |              |                      |                         |
| Phone:*  | E-mail:*     |                      |                         |
| Duration of Relationship<br>From (mm/dd/yyyy): |              | To (mm/dd/yyyy):     |                         |

**Reference 2\***

|  |              |                      |                         |
|--|--------------|----------------------|-------------------------|
| Prefix (Mr., Ms., Dr.):                        | First Name:* | Last Name:*          | Suffix (Jr., Sr., etc.) |
| Title:   |              | Relationship to You: |                         |
| Preferred Address:*                            |              |                      |                         |
| City:*   |              | State:*              | Country:*               |
| Zip Code:*                                     |              |                      |                         |
| Phone:*  | E-mail:*     |                      |                         |
| Duration of Relationship<br>From (mm/dd/yyyy): |              | To (mm/dd/yyyy):     |                         |

**Reference 3**

|  |              |                      |                         |
|--|--------------|----------------------|-------------------------|
| Prefix (Mr., Ms., Dr.):                        | First Name:* | Last Name:*          | Suffix (Jr., Sr., etc.) |
| Title:   |              | Relationship to You: |                         |
| Preferred Address:*                            |              |                      |                         |
| City:*   |              | State:*              | Country:*               |
| Zip Code:*                                     |              |                      |                         |
| Phone:*  | E-mail:*     |                      |                         |
| Duration of Relationship<br>From (mm/dd/yyyy): |              | To (mm/dd/yyyy):     |                         |

## G. BIOGRAPHICAL SKETCH

(Required)

The biographical sketch (bio) is an important part of your Consultant Network Application data. It provides a concise summary of your knowledge, skills, and experience, and provides requesters and OVC information about you as they consider and approve who can suitably respond to needs identified in the field. To ensure consistency among bios, please draft your bio according to the guidelines and the sample bio presented below. Please attempt to write succinct statements with a word count of approximately 300.

For your current position, please indicate your title, year assumed, and organization; and describe your role in your program and/or organization. In addition, please provide the following:

- A brief synopsis of your experience over the past 10 years.
- Your area of expertise and highlights of special accomplishments.
- Examples of the types of presentations you have conducted or are most comfortable conducting.
- A list of any special nominations, awards, or honorary degrees that you have received as well as any published works, presentations, or public appearances.
- Your educational history (degree, year, and institution).

Bios will be reviewed and edited according to the above stated guidelines. Please be aware that statements that do not speak directly to your experience may be deleted.

### SAMPLE BIOGRAPHICAL SKETCH

Jane Smith has served as the executive director for the Crime Victims Advocacy Group (CVAG) since August 1997. She manages CVAG's administrative operations and oversees its development, marketing, publications, and media relations initiatives. In this capacity, she engages in strategic planning, staff development, and board relations. Ms. Smith also serves on the board of the Homicide Victims Advocacy Coalition, where she chairs the external relations committee. Ms. Smith has extensive experience in developing effective education and outreach programs that reflect best practices in victim advocacy. Ms. Smith's commitment to the victims' movement stems from her experience as a homicide survivor, an experience that left her with a partial disability. Her story and message have been featured on *Larry King Live* and *Good Morning America*. Ms. Smith's advocacy was instrumental in promoting and enforcing consumer privacy laws in the Commonwealth of Virginia. In addition, she has developed successful partnerships with faith-based groups and effective relationships with nonprofit boards. These partnerships have been successful in disseminating messages about victims of crime at the grassroots level. Before joining CVAG, Ms. Smith served as vice president of Fenton Communications, Inc., a communications/public relations firm specializing in nonprofit and public interest communications. Ms. Smith has a B.A. degree in English from Columbia University in New York.

**Thank you for submitting your Victim/Survivor Impact  
Consultant Application!**