



DAVE YOST

OHIO ATTORNEY GENERAL

Crime Victim Services Section
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Ohio Victim Assistance Academy Basic Advocacy Skills in Crime Victim Services (BASICS) August 24-28, 2020

Understanding the necessity of having highly trained crime victim advocates in the service field, the Ohio Attorney General’s Office has designed a program focused on the expansion of knowledge and training for victim service providers. Basic Advocacy Skills in Crime Victim Services (B.A.S.I.C.S) is a free, one week intensive training course for victim advocates and other victim service providers. BASICS is recognized by the U.S. Department of Justice, Office of Victim of Crime as Ohio’s Victim Assistance Academy.

Key training topics include:

- Crisis Response and Intervention
- Sexual Assault
- Child Victimization
- Drunken Driving
- Cultural Diversity
- Collaboration of Victims Rights and Services
- Domestic Violence
- Victimization of the Disabled
- Homicide victims and survivors
- Elder Abuse
- Financial Assistance for Victims
- Criminal Justice System

Discussion of these topics may produce intense reactions and possible triggers from your own personal experiences. It is our goal to prepare you for this and provide you a safe environment. There is a respectful blend of humor provided throughout the week; however we want this to be the right time for you to attend this training and to be aware of the intensity of some topics.

APPLICATION FORM

Please type or print legibly.

Name _____ Date _____

Gender: _____ Attorney/Social Worker License Number (required for) _____

Organization _____ Current Position _____

Work Address _____

County Where Agency is Located _____

Home Address _____

Work Phone _____ Home Phone _____

Email Address _____

Paid Staff Member or Volunteer? _____ Number of Years in Victim Services? _____

Education/Degrees _____

Major _____ Year of Completion _____

1. Select the jurisdiction and one category that best describes the organization you represent:

Jurisdiction: Federal State Local

<u>Criminal Justice-based</u>	<u>Community/Nonprofit</u>	<u>Additional Agencies</u>
<input type="checkbox"/> Police Department	<input type="checkbox"/> All Victims	<input type="checkbox"/> Youth Services
<input type="checkbox"/> Sheriff's Office	<input type="checkbox"/> Missing/Exploited Children	<input type="checkbox"/> Funeral Services
<input type="checkbox"/> Prosecutor's Office	<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Juvenile Justice	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Religious
<input type="checkbox"/> Adult Probation	<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Hospital/Medical
<input type="checkbox"/> Corrections	<input type="checkbox"/> Drunk Driving	<input type="checkbox"/> State VOCA Asst.
<input type="checkbox"/> Parole-based	<input type="checkbox"/> Homicide Support	<input type="checkbox"/> State Victim Comp.
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

2. Please indicate the types of victims you primarily serve (check no more than five boxes):

<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Elderly
<input type="checkbox"/> Sexual Assault/Exploitation	<input type="checkbox"/> Missing/Exploited Children
<input type="checkbox"/> Child Abuse	<input type="checkbox"/> Ethnic Minorities
<input type="checkbox"/> Survivors of Homicide Victims	<input type="checkbox"/> Property/Economic Crime/Fraud
<input type="checkbox"/> Drunken Driving	<input type="checkbox"/> Special Needs/Victim with Disabilities
<input type="checkbox"/> Assault/Robbery	<input type="checkbox"/> Bias Crime
<input type="checkbox"/> Other _____	

3. Please indicate the types of services that you primarily provide for victims in your current position (check no more than five boxes):

<input type="checkbox"/> Crisis Intervention	<input type="checkbox"/> Notification
<input type="checkbox"/> 24-Hour Hotline	<input type="checkbox"/> Victim Impact Statement Assistance
<input type="checkbox"/> Shelter	<input type="checkbox"/> Legal Advocacy
<input type="checkbox"/> Short-term Counseling	<input type="checkbox"/> Training and Technical Assistance
<input type="checkbox"/> Long-term Counseling	<input type="checkbox"/> Transportation
<input type="checkbox"/> Criminal Justice System Advocacy	<input type="checkbox"/> Child Care
<input type="checkbox"/> Court Accompaniment	<input type="checkbox"/> Restitution Assistance
<input type="checkbox"/> Other _____	

4. Please briefly summarize your current and previous experience in assisting crime victims and describe other relevant employment. Please provide the estimated number of clients assisted, and dates of service in chronological order, beginning with current position. You may attach an additional sheet, if needed.

Position _____ From: _____ To: _____

Organization _____

Supervisor _____ Phone _____

Responsibilities/Experience:

Position _____ From: _____ To: _____

Organization _____

Supervisor _____ Phone _____

Responsibilities/Experience:

Position _____ From: _____ To: _____

Organization _____

Supervisor _____ Phone _____

Responsibilities/Experience:

5. Participation will be of benefit to you, your organization and community. Please include any additional information that you believe is important for the student selection committee to consider when evaluating your application.

6. I certify that the information provided on this application is true to the best of my knowledge, and I understand that any omission or misrepresentation of facts or failure to furnish information may invalidate consideration of this application and/or acceptance to the Ohio Attorney General's Victim Assistance Academy, B.A.S.I.C.S. course. By signing below, you also signify your commitment to attend the full five-day course and to participate in the evaluation of the curriculum. Your cooperation in complying with the Academy requirements is critical. If, for any reason, you discover that you will be unable to attend the entire Academy, you must notify the Ohio Attorney General's Office soon as possible.

Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

***Important: Applications submitted without a supervisor's signature may be rejected.**

7. **Your application package must be received no later than May 31, 20120. Selected applicants will be notified by June 26, 2020.**
8. **Please mail your completed application form, with signed commitment and two (2) written letters of recommendation to:**

**The Ohio Attorney General's Office
Crime Victim Services Section
Attn: Ohio Victim Assistance Academy
30 East Broad St., 23rd Floor
Columbus, OH 43215**

9. Fees: There is no fee for attending the ADVANCE Academy, however a \$50.00 cancellation fee will be assessed to any candidate who is selected to attend the academy, but fails to attend without prior notification or fails to complete the academy. **Notification of cancellation must be made on or before August 24.** A \$400.00 fee will be assessed to any candidate having previously attended and/or completed B.A.S.I.C.S.
- a) Continuing Education Units (CEU's) will be awarded through the Counselor, Social Worker & Marriage and Family Therapist Board
10. Accommodations for the ADVANCE Academy training courses will be provided by the Ohio Peace Officer Training Academy (O.P.O.T.A.). Student lodging is provided at the O.P.O.T.A. facility. All students attending the ADVANCE Academy have the option to stay in the lodging facility provided by O.P.O.T.A. for all or just a portion of the training course at no cost. Please note that if students decide not to stay at O.P.O.T.A., they are responsible for the cost of their lodging. All meals will be

provided including a cold box meal for dinner Monday through Thursday. Students may leave campus for meals at their own cost. The Ohio Peace Officer Training Academy is located at:

1650 State Route 56 SW
London, OH 43140

I will be staying at the O.P.O.T.A lodging facility during the course of the training. My signature above confirms I understand that room cancellations must be received 24 hours in advance or I will be personally charged for the cost of the room.

- YES, I plan to stay the following nights: Sun _____ Mon _____ Tue _____ Wed _____ Thu _____
 NO

QUESTIONS?

If you have any questions or need additional information, please call Venica Miller at (614) 466-5610 or via email at: Venica.Miller@ohioattorneygeneral.gov.

CHECKLIST

- ✓ Have you completed all sections of the application?
- ✓ Have you and your supervisor signed the application?
- ✓ Are two letters of recommendation attached?
- ✓ If you have opted not to stay at O.P.O.T.A's lodging facility, have you made your own arrangements for lodging?