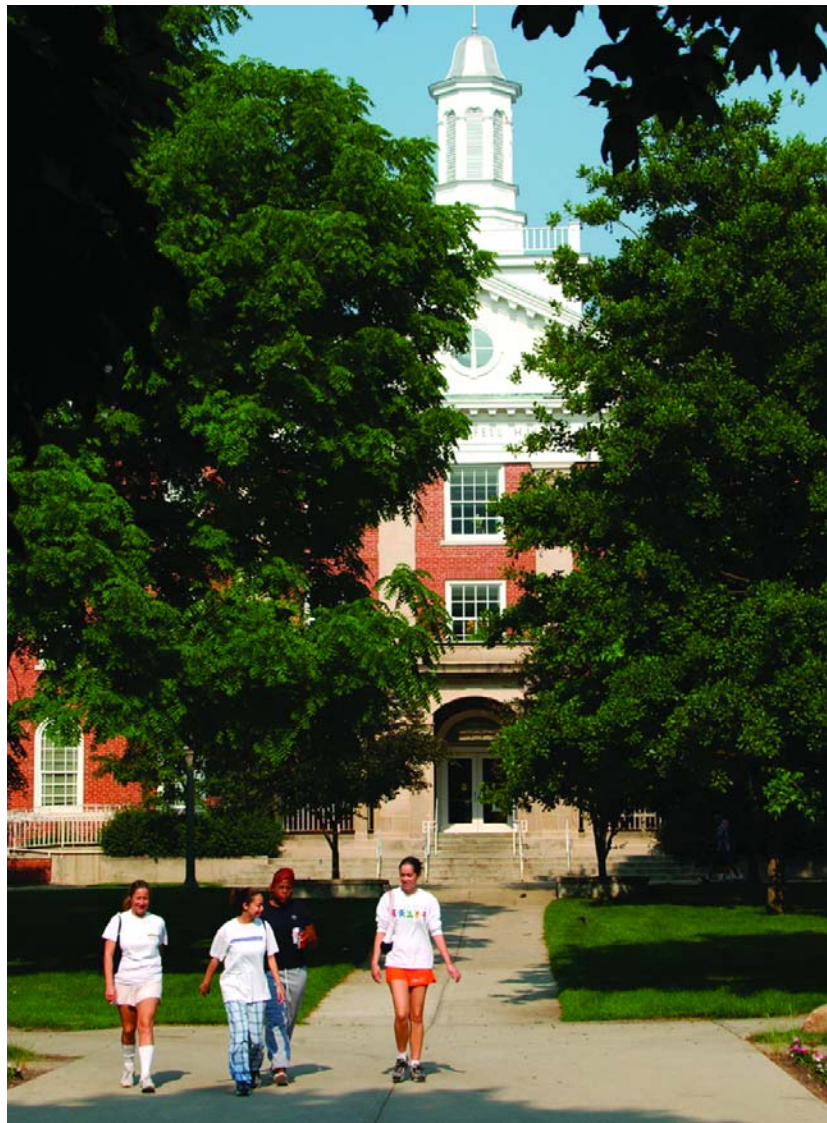




ILLINOIS VICTIM ASSISTANCE ACADEMY



ICJIA



LISA MADIGAN
ILLINOIS ATTORNEY GENERAL

ILLINOIS STATE
UNIVERSITY



The Illinois Victim Assistance Academy (IVAA) is a week-long intensive course of study for crime victim service providers designed to improve the quality and consistency of victim services in Illinois. Through education, the IVAA builds the capacity of providers to serve those victimized by crime, encourages cutting-edge thinking about the ways we can help victims regain control of their lives, and enhances the multidisciplinary training currently provided.

The Office of the Illinois Attorney General will select candidates to attend the Academy in Bloomington-Normal, Illinois, from May 17 to May 22, 2009. These participants will experience a comprehensive curriculum created specifically for Illinois. All students who are accepted and successfully complete the 40-hour IVAA will receive a certificate of completion. Academic credit and Continuing Education Units (CEUs) may be available for an additional fee.

Student Selection Criteria:

The IVAA is looking for dedicated victim service providers, law enforcement professionals, and social service providers working with crime victims in any capacity who:

1. Serve in a paid or volunteer position having direct contact with Illinois crime victims.
2. Demonstrate 2 to 5 years of experience working with victims. If the applicant has less than 2 years or more than 5 years of experience, a written justification as to why you should be considered is required.
3. Agree to be in-residence for the entire 40-hour training.

The Office of the Illinois Attorney General reserves the right to select participants for the training based upon specific selection criteria. To maximize the number of agencies and geographical areas represented at the training, the Attorney General's Office may limit the number of attendees that an agency or geographical area may send.

How to Apply:

Please complete the attached application form in its entirety. Please attach a current resume. Application forms are also available at www.IllinoisAttorneyGeneral.gov. No alternative forms will be accepted. Applications and all required documents **must be received by April 20, 2009**. Late or incomplete applications will only be considered if space is available.

Applications are to be mailed to:

Eileen Baumstark-Pratt
Special Events Coordinator
Office of the Illinois Attorney General
IVAA
100 West Randolph Street, 11th floor
Chicago, Illinois 60601

Written communication detailing acceptance or non-acceptance will be sent to all applicants.



Completion of the IVAA curriculum has been pre-approved as an "A" series training for persons seeking National Advocate Credentialing (NACP).

ILLINOIS VICTIM ASSISTANCE ACADEMY

Student Application Form

Applicant Name: _____

Organization: _____

Mailing Address: _____

Daytime Phone: _____ Evening Phone: _____ Fax: _____

E-Mail: _____ Web Site: _____

Current Position: _____

County or Counties Served: _____

Number of Years in Direct Victim Services: _____ Paid _____ Volunteer _____

Education:

GED/HS Diploma/AA/Bachelors/Advanced Degree(s):

_____ Year _____ Major _____ University _____

_____ Year _____ Major _____ University _____

Please list any 40-hour or other training certificates:

If accepted, I am interested in receiving information on obtaining academic or professional credit (please indicate):

_____ College credit hours from Illinois State University

_____ CEU professional credit hours – please indicate area of study:

Social Work _____ Nursing _____ Other _____

NOTE: Participants seeking academic or professional credits are responsible for paying the course cost in addition to the general \$200 registration fee.

1. Select the jurisdiction that **best** describes the type of organization you represent:

() Federal () State () City () County () Private/Nonprofit () Other

2. Your agency primarily serves clients in which type of community:

() Urban () Suburban () Rural

3. Select one category that **best** describes the organization or agency at which you work or volunteer:

Criminal Justice-Based

- Police/Sheriff
- Prosecution
- Courts
- Probation
- Corrections
- Parole
- Juvenile
- Other _____

Community/Nonprofit-Based

- All Victims
- Sexual Assault
- Domestic Violence
- Child Abuse/Sexual Assault
- Homeless Shelter
- Drunk Driving
- Homicide Support
- Missing/Exploited Children
- Elderly Victims
- Other _____

Additional Agencies

- Youth Services
- Legal Services
- Hospital/Medical
- State Victim Services Staff
- Religious _____
- Mental Health Services
- Substance Abuse Services
- Other _____

4. Indicate the types of crime victims that you **primarily** serve. (Check no more than three.)

- Domestic Violence
- Sexual Assault
- Child Abuse/Sexual Abuse
- Survivors of Homicide Victims
- Drunk Driving
- All Crimes Against Persons
- All Crimes Against Property
- Dating Violence
- Other _____
- Assault
- Elderly Victims
- Missing/Exploited Children
- Computer Crimes
- Victims with Disabilities
- Robbery/Theft
- Bias Violence/Hate Crimes
- Gang Violence
- Other _____

5. Indicate the types of services that you **primarily** provide for victims of crime in your current position. (Check no more than five.)

- Crisis Intervention
- 24-Hour Hotline
- Medical Advocacy
- Shelter
- Therapy/Psychological Counseling
- Systems/Institutional Advocacy
- Case Management
- Support Groups
- Assistance with Orders of Protection
- Child Care
- Emotional Support
- Issue Counseling _____
- Court Advocacy
- Restitution Assistance
- Notification
- Victim Impact Statement Assistance
- Crime Victim Compensation Assistance
- Legal Advocacy
- Information Referral
- Community Education
- Transportation
- Social Service Advocacy
- Training and Technical Assistance
- Multidisciplinary Teams
- Other _____

6. Please list affiliations with professional organizations or groups related to victim services.

7. Briefly summarize your current and previous relevant experience assisting crime victims and other related employment in the last five years and attach current resume.

Position: _____ From: _____ To: _____

Organization: _____

Responsibilities: _____

Position: _____ From: _____ To: _____

Organization: _____

Responsibilities: _____

Position: _____ From: _____ To: _____

Organization: _____

Responsibilities: _____

8. Please briefly state why you want to attend the Illinois Victim Assistance Academy and how your participation will benefit you professionally and personally. Include any additional information you believe important for the application selection committee to consider. **Please limit this response to one typed, double spaced page, 12 point font, 500 words.**

9. Two letters of recommendation are required for selection to the Illinois Victim Assistance Academy. The first letter must be from the attendee's immediate supervisor or agency director authorizing attendance and detailing the benefits of having the attendee complete the 40 hours of training. The second letter needs to be from a professional associate, in an agency or office other than your own, demonstrating the attendee's commitment to victim issues and willingness to network within their community. These letters must be submitted with the application.

10. Please signify your commitment to attend the full 40-hour course and make all transportation arrangements accordingly by signing below:

Applicant signature and date: _____

FEES:

A grant from the Illinois Criminal Justice Information Authority and our partnership with Illinois State University allow us to offer this unique educational opportunity for \$200 per student. This fee includes tuition, course materials, and sleeping rooms. Application can be made for Violent Crime Victim Assistance (VCVA) Special Project funding to cover the tuition fee. The VCVA Special Project Application can be downloaded at www.illinoisattorneygeneral.gov/victims/vcva.html. Academic credit and CEUs may be available for an additional fee. Transportation costs are the responsibility of each student. Tuition is due upon notification of acceptance. No refunds will be issued after May 1, 2009.

QUESTIONS:

If you have any questions or need additional information, please contact:

Elizabeth Scholz

Director, VCVA & AVN

Office of the Illinois Attorney General

217-223-2221

TTY: 877-844-5461

E-mail: escholz@atg.state.il.us

APPLICATIONS MUST BE RETURNED TO:

Eileen Baumstark-Pratt

Special Events Coordinator

Office of the Illinois Attorney General

IVAA

100 West Randolph Street, 11th floor

Chicago, Illinois 60601

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