

# LOCAL ADVOCATES FOR VICTIMS OF ABUSE

## AVA – Application for Local Advocates

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Church Name: \_\_\_\_\_ Conference: \_\_\_\_\_

### Church Ministry Involvement

Church Name, City, State: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Ministry's Mission: \_\_\_\_\_

\_\_\_\_\_

Church Name, City, State: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Ministry's Mission: \_\_\_\_\_

\_\_\_\_\_

### Community Involvement

Organization Name, City, State: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization's Mission: \_\_\_\_\_

\_\_\_\_\_

Organization Name, City, State: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization's Mission: \_\_\_\_\_

### Experience, Training or Education in Domestic Violence or Sexual Assault

Number of Years Experience in Domestic Violence or Sexual Assault Related Areas: \_\_\_\_\_

\_\_\_\_\_

Organization Name, City, State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Experience, Training or Education: \_\_\_\_\_

\_\_\_\_\_

Organization Name, City, State: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Experience, Training or Education: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Interest in AVA**

What is your interest in AVA?

Three empty horizontal lines for writing the answer to the question above.

How much time each month can you volunteer?

One empty horizontal line for writing the answer to the question above.

Do you have experience in group facilitation, public speaking, and/or giving presentations? Please explain.

Four empty horizontal lines for writing the answer to the question above.

**References**

*Please list three references (Covenant Women Ministries, Conference, Pastor, etc.)*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Church: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_