

**AVA – Application for Regional Conference Coordinator**

**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: \_\_\_\_\_

**Work Experience**

Company:			Phone:		
Address:					
Supervisor:					
Job Title:			From:	To:	
Responsibilities:					
Part Time?	Full Time?	Number of Hours Weekly			
Company:			Phone:		
Address:					
Supervisor:					
Job Title:			From:	To:	
Responsibilities:					
Part Time?	Full Time?	Number of Hours Weekly			

**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:

**Interest in AVA**

What is your interest in AVA?

How much time each month can you volunteer?

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

**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: \_\_\_\_\_