



Domestic Abuse Women's Network Domestic Violence Advocacy Training Registration Form

Please complete this registration paperwork in full and return it to DAWN, Attn:
Volunteer Coordinator, PO Box 88007, Tukwila WA 98138, or fax it to 425.656.4309.

Date	First Name	Last Name	Email Address
How did you hear about DAWN's Domestic Violence Advocacy Training?			
<input type="checkbox"/> DAWN Website <input type="checkbox"/> Friend/Family <input type="checkbox"/> Former/Current Client <input type="checkbox"/> Staff <input type="checkbox"/> News Article <input type="checkbox"/> Radio <input type="checkbox"/> TV			
<input type="checkbox"/> Other: _____			
Which classes do you plan to attend <i>in general</i>? (Flexible to mix and match day/evening classes).			
<input type="checkbox"/> Day <input type="checkbox"/> Evening			

Training Options (Please see "Advocacy Training Options" on DAWN website for more detailed training information.)

DV101: 24 hours of basic domestic violence education. This class meets for 3 hours, on Mondays and Thursdays for 4 weeks. Offered from 12-3pm or 6-9pm. This training option costs: \$200

DV201: 40 hours of basic and intermediate domestic violence education. Participants ***will attend all DV101 classes and continue in-depth learning for an extra 4 weeks*** (8 weeks total). DV201 classes will continue to be offered on Mondays and Thursdays, but classes will only meet for 2 hours each (12-2pm or 6-8pm). This training option costs: \$260

Which class option do you wish to attend?	
<input type="checkbox"/> DV101 (\$200) <input type="checkbox"/> DV201 (\$260)	
Please select the advocacy training date that you would like to attend:	
<input type="checkbox"/> Fall 2010 (Mon/Thursday early afternoon or evening)	
<input type="checkbox"/> Winter 2011 (classes available on Saturdays)	
<input type="checkbox"/> Spring/Summer 2011 (classes available in mornings)	

Payment is due no later than September 1, 2010. If payment is not received at this time, you will risk being dropped from the class. Payment in the form of cash, check (made out to DAWN) or credit card is accepted.

To make a payment by credit card please fill out the following.

Type of Card	Name on Card
Card Number	Expiration Date
Billing Address	State, City, Zip Code
Authorized Amount	Signature



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REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THOROUGH 43.43.845

APPLICANT OF INQUIRY (Please provide as much information as possible. Name and birth date are mandatory.)

Last Name	First Name	Middle Name	Alias/Maiden Name(s)
Date of Birth (m/d/yy)	Driver's License Number/State		

AUTHORIZATION:

I authorize the Washington State Patrol to conduct a background investigation. I understand that all information will be treated as confidential by DAWN.

To the best of my knowledge, the information included in this application is correct.

Applicant's Signature

Date

Printed Name



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Domestic Abuse Women's Network Oath of Confidentiality

A Commitment to client, staff and DAWN confidentiality is a fundamental part of ensuring both safety and privacy. Signature on the Oath acknowledges an understanding of and an agreement with all of DAWN's policies and procedures relating to client, staff, volunteer, Board member and agency confidentiality. Furthermore, it constitutes a pledge not to breach these policies and an understanding that any violation will be considered actionable.

All information regarding past and present clients or service recipients of DAWN are confidential. No information can be given to any individual, group or organization to indicate whether or not any individual is, or has been, a client or service recipient at DAWN. Any requests for client information should be directed to the Program Coordinator or an Agency Director. A standard letter of verification that includes no service or confidential detail, along with a signed authorization by the client may be provided on behalf of a client. Past or present clients or other service recipients will not be discussed in a manner which may lead to the identification of individuals.

The locations of DAWN's service sites are confidential due to safety reasons. No information shall be provided to any person, group or organization which would disclose the location of any DAWN confidential service site, except in accordance with appropriate procedures devised for this purpose and based upon specific locations. It can, however, be acknowledged that all of the agency's service locations are in South King County.

No confidential files, records or other materials shall be transported to any location outside of DAWN's offices without the approval of a Program Coordinator or Agency Director. Confidential materials include, but are not limited to client files, all financial related documents, personnel and donor records, and any other proprietary information. All confidential materials shall be locked up when not in use and every effort shall be made to minimize the amount of time they are kept unsecured. Furthermore, no information related to these materials shall be divulged to any person, group or organization without the approval of an Agency Director.

Addresses and home telephone numbers of all staff, volunteers and Board members are confidential and cannot be given to any person, group or organization, including clients. Last names of staff, except the Agency Directors and Program Coordinators, shall not be shared with the public or with clients. Staff lists and rosters shall not be circulated internally or externally without the consent of the Human Resources Director.

I have read and agree to uphold all DAWN policies relating to confidentiality.

Print Name/Date

Signature