

**DAWN's Domestic Violence Advocacy Training
Registration Form**

****Please fill out this form if you are planning to pay for the training,
otherwise please fill out the volunteer packet.****

Name: _____
(As you would like it to appear on your training certificate)

Address: _____

Phone: _____

Email address: _____

Company/Organization: _____

Work phone if applicable: _____

How did you hear about this training?

Which classes do you plan on attending in general? We only want to get a rough idea of attendance; you can attend whatever mix of classes you like.

Day _____ Night _____

Payment made by check can be enclosed or will be accepted at the door during the first day of class. We can accept credit card payments. To make a payment by credit card please fill out the following.

Type of card _____

Name on card _____

Card number _____ Expiration date _____

OVER....

I authorize DAWN to have access to my school and employment records to verify any statements contained in this application. In addition 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.

(Signature)

(Date)

(Printed Name)

Please return completed application to:

DAWN
Attn: Alicia
PO BOX 88007
Tukwila, WA 98138
Or Fax—425-656-4309