



Domestic Violence Counselor Certification Training

Name: _____
Last First

Address: _____
Street City Zip

Phone: _____ Email: _____

1. *Please initial next to the statement that applies to you:*

____ I would like to enroll in the certification training without a volunteer commitment. I have enclosed a check for **\$300**.

____ My registration fees are waived because I am committing to serve SAVE as a volunteer for a minimum of 4 hours per week for 6 months following the conclusion of the training. I have enclosed a check for **\$75** for the cost of materials. I understand that I will receive the training certificate upon completion of the volunteer commitment.

____ I am currently an employee of SAVE.

2. I understand the importance of attending all sessions in order to receive my certificate. I will be present at all sessions. In the case of illness or emergency, I will notify the facilitator as soon as possible.
3. I understand that the topic of domestic violence can elicit sometimes strong and unexpected emotions, including feelings of vulnerability. I agree to do my part in creating a safe, non-judgmental environment in which each person present – whose background, experiences, beliefs and values may differ from mine – may participate in his or her own exploration of issues related to domestic violence.
4. I understand that returning this application does not guarantee placement in the training. Placement is decided on a first-come, first serve basis. Volunteer placement is based on the needs of the organization.

Your signature here indicates agreement to all above statements

Date

Please briefly describe why you are interested in attending this training:

Please mail/fax/email to: SAVE 1900 Mowry Ave Suite 204 Fremont, CA 94538
ATTN: Erin Daly
Fax #: (510) 574-2252
Email: volunteer@save-dv.org