

40-hour Domestic Violence Training Registration

Name:		
(First)	(Middle)	(Last)
Address:		
Phone:	Email:	
Please complete the following: 1. Please explain your interest in	taking this training?	
2. Please indicate which category	vyour interest in training falls	under
[] Personal		
[] Volunteer/Intern		
[] Professional development		
3. How did you hear about A Safe	Place? About the 40-hour tra	aining?
4. Check here [] if you have beer		
(Please list conviction and date)		
	to submit to a background check. A	e victims due to the nature of information A criminal conviction does not necessarily ual basis.)
5. Are you currently or have in the pase other social service agency? Circle Yes	s or No	omestic violence services from A Safe Place or
	Cost of training: \$400	

\$125 reimbursed by A Safe Place upon completion of internship or completion of 100 hours of service within 1 year Payment must be submitted to A Safe Place in order to being online modules

For questions, please call: (847) 731-7165 x103 or email rgarcia@asafeplaceforhelp.org Please submit form to: <u>rgarcia@asafeplaceforhelp.org</u> or mail to A Safe Place, 2710 17th Street, Zion IL 60099 Attn: Rocio Garcia

> 2710 17TH STREET, SUITE 100 ZION, ILLINOIS 60099 Help Line: 847.249.4450 TTY: 847.249.6557 Business Office: 847.731.7165 Fax: 847.731.7528 E-Mail: info@asafeplaceforhelp.org www.asafeplaceforhelp.org