

REQUEST FOR TRAINING FORM (RFT)

— MOBILE ADVOCACY TRAINING PROGRAM (MAP)



The Mobile Advocacy Training Program (MAP) is a training project sponsored by the Arizona Coalition for Victim Services (ACVS). The goal of the program is to bring free training to agencies who cannot afford to attend traditional trainings.

To request a training; please review the requirements, fill out the Request for Training form (RFT) and send it to avaacademy@gmail.com. The Project Director will respond with any questions and to confirm dates.

Name of Agency requesting Training :

Address of Training Site :

City:

TRAINING TOPICS (CHECK ALL THAT APPLY)

- Domestic Violence
- Sexual Assault
- Victims' Rights
- Ethics
- Working with Child Victims
- DUI
- Managing a Victim Services Program
- Working with Human Trafficking Victims
- Communication with Victims in Crisis
- Leadership
- Grant Writing
- Conflict Resolution
- Working with a Multi-Generational Staff
- Stalking
- Criminal Justice Process
- Crisis Intervention
- Vicarious Trauma
- Financial Crimes
- Volunteer Recruitment and Management
- Coaching and Discipline
- Effective Hiring Practices
- Other: please describe below

What training needs are you trying to address?

Who is the population we will be training?

What type of victims do they serve?

When would you like the training? Month/ specific date(s)

TYPE OF TRAINING:

Basic

Advanced

Explain:

Please describe the training facility:

ROOM SETUP: CHECK ALL THAT APPLY

Conference room with table and chairs

Chairs in a row

Other: Describe

AV: CHECK ALL THAT APPLY

Projector

Laptop

Flipchart

Wifi

Requestor Contact Info:

Name:

Organization/Affiliation:

Address: **City:**

Position:

Phone: **Email:**

REQUIREMENTS OF THE AGENCY REQUESTING TRAINING:

- **You must obtain an appropriate training site**
- **You agree to distribute, collect and return to the Project Director, evaluations of the training within a week**
- **You agree to complete the hosting agency evaluation and return it to the Project Director within a week**
- **You agree that if you cancel the training within 24 hours you will reimburse ACSV for any travel costs that are incurred as a result of the cancelation**

I agree to the terms listed above:

Name:

Signature: **Date:**

Once the request is received, the Project Director will contact you to schedule the training.