

Mentor Application

December 2-4, 2014
Anchorage, AK

A GUIDE FOR MEN COMPASS

Applications Due: Wednesday, Oct 1st, 2014

Contact Information

Name	
Street Address	
City, State, ZIP	
Cell Phone	
Work Phone	
E-Mail Address	

Are you attending this training as part of an organization? Yes No

Organization Name:	
Job Title:	
Address:	
Phone:	

Training Costs & Scholarships

Please check the box next to each item if you would like to request a scholarship

<input type="checkbox"/> Registration Fee \$300 (<i>includes breakfast & lunch</i>)
<input type="checkbox"/> Flight/Ferry
<input type="checkbox"/> Ground Transportation
<input type="checkbox"/> Lodging:
<input type="checkbox"/> Per Diem (for meals are not provided) :
<input type="checkbox"/> I am requesting a full scholarship

Work with Youth

Summarize the work you are currently doing with youth.

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What do you hope to get out of this training?

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Please return completed Applications to Jon Barnes

jbarnes@andvsa.org

Fax: 907-463-4493

Registration Information

Travel Information

Please indicate your mode of travel: Flight Ferry Driving

Departure Location:	
Flight Preference:	
Seat Preference:	<input type="checkbox"/> Window <input type="checkbox"/> Middle <input type="checkbox"/> Aisle
Mileage Plan #:	
Ferry Preference:	
Additional travel accommodations:	

Dietary Restrictions

Food Allergies	
Other food restrictions	

Additional Accommodations

Are there any additional accommodations you would like us to be aware of?

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Background Information

To ensure safety the *Alaska Network on Domestic Violence and Sexual Assault (ANDVSA)* will perform background checks on all individuals interested in attending the COMPASS training.

Full Legal name:	
Other Names you have used: (maiden, nicknames, etc.)	
Social Security Number:	
Date of Birth	

I hereby give my consent to ANDVSA to perform a criminal records check as required for attending the COMPASS: A Guide for Men Training for which I have applied.

Refusal of background check will exclude you from consideration for the COMPASS training. ANDVSA will limit the information it collects to that needed to determine suitability for participating in the training, will keep all such information confidential, and destroy documents containing my Social Security number upon completion of background check.

To become a certified COMPASS Mentor independent of an Organization ANDVSA reserves the right to complete additional screening including finger printing.

I agree to the terms named above and certify that all information provided is true.

Applicant's name: _____

Signature: _____ Date: _____

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