

Verification of Domestic Violence Service Experience

Please list **verifiable direct service/systems advocacy or prevention experience** below. Please note under "Position" whether the applicant worked as an **Employee, Volunteer, or Student Intern**. If the applicant has more than one service experience to list, please make copies of this form for each. **The supervisor providing verification should sign and send this form directly to DCADV.**

Applicant completes this section:

Name of Applicant: _____

Service Experience Type: _____ Direct Service/Systems Advocacy _____ Prevention _____

Agency: _____

Address: _____

Phone Number: _____

Position: _____ Employee _____ Volunteer _____ Intern _____

Dates Worked: _____ Total Hours of Service: _____

Description of how this work fulfills domestic violence service requirements as defined in the Initial Application Information Booklet. (please attach additional sheets if necessary).

Applicant Signature: _____ Date: _____

Supervisor completes this section:

The individual above is applying for certification as a Domestic Violence Specialist. Please review the information they have provided related to their domestic violence direct service or prevention experience. **Please return completed form directly to the Delaware Coalition Against Domestic Violence.**

Comments:

I VERIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE.

Supervisor Name

Supervisor Signature

Supervisor Title

Date

Phone Number

MAIL/FAX DIRECTLY TO:

Delaware Coalition Against Domestic Violence
Training & Prevention Department
100 W. 10th St., Suite 903
Wilmington, DE 19801

FAX: 302-658-5049

You may also scan/email the form to training@dcadv.org.