

FORM B: 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 individual 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: _____

Position: _____ **Employee** **Volunteer** **Intern**

Dates worked: _____ **Total hours of service:** _____

Describe how this work fulfills domestic violence service requirements as defined in the Application Guide (please attach additional sheets if necessary).

Applicant Signature: _____ **Date:** _____

Supervisor/person providing verification 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.

Comments:

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

Name of person providing verification

Signature of person providing verification

Title of person providing verification

Date

Phone Number

PLEASE RETURN THIS FORM VIA MAIL, FAX OR EMAIL DIRECTLY TO:
Delaware Coalition Against Domestic Violence
Attn: DVS Certification
100 W. 10th St., Suite 903
Wilmington, DE 19801

Fax: 302-658-5049
Email: training@dcadv.org