**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.**

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| **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).** | | | | | | | | | | | | | | | | | | | |
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| **Applicant Signature:** | | | | |  | | | | | | | **Date:** | | |  | | | | |

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| **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.**

**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](mailto:training@dcadv.org)

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| **Name of person providing verification** | |
|  | |
| **Signature of person providing verification** | |
|  | |
| **Title of person providing verification** | |
|  | |
| **Date** | **Phone Number** |