



## Training Team Application

Name		Agency			
Street Address		City		State	Zip Code
Home Phone	Work/Alternate Phone			E-Mail Address	

Please list your availability.						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please list any dates/times you are unavailable.						

Why would you like to participate in the training team?

Please describe some of your personal characteristics which would help you in your role as a UCASA trainer.

Please describe your fields of expertise.

Empty space for describing fields of expertise					
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Please check the areas to which you are willing to travel.

	Brigham City	Logan	Panguitch	Richfield	Vernal
	Cedar City	Moab	Park City	Salt Lake	Tooele
	Davis County	Ogden	Price/Helper	St. George	

Circle all topics you would be interested in presenting

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|-----------------------------|--|---------------------|
| Acquaintance Rape           | DCFS   | Planned Parenthood  |
| Adolescent Survivors        | Disability                                   | Polygamy            |
| Adults Molested as Children | Diversity                                    | PTSD                |
| Challenging Clients         | Drug Facilitated                             | Rape 101            |
| Child Sexual Abuse          | DV 101                                       | Rape Culture        |
| Children’s Justice Center   | Gay, Lesbian, Bisexual, Transgendered Issues | Religious Issues    |
| Code R                      | Hospital Tour                                | Risk Reduction      |
| Cohabitant Rape             | Law Enforcement                              | Role of an Advocate |
| Communication Skills        | Local Issues                                 | Role Plays          |
| Crime Lab                   | Male Survivors                               | Secondary Survivors |
| Crisis Intervention         | Mandatory Reporting                          | Sexual Harassment   |
| Crisis Theory               | Offender Profile                             | STIs                |
| CVR                         | Older Survivors                              | Therapist           |
|                             | Other Local Agencies:<br>(please list) _____ | Volunteer Paperwork |
|                             | _____  | Youth Corrections   |
|                             | _____  |                     |

Thank you for your interest. Please return this form to UCASA at the address above or you can fax to 801.746.2929. Please feel free to call UCASA at 801.746.0404, if you have any questions or concerns.