



## Approved Program's Application for a New Trainee

Application for a new Trainee must be complete, including required attachments. Incomplete applications will be returned. Applications must be submitted no later than 30 calendar days prior to the scheduled CODVOIPS meeting. Please use the following checklist to ensure all information is provided:

### APPLICATION CHECKLIST FOR NEW TRAINEE

- \_\_\_\_\_ Front Page-Checklist – Page 1e
- \_\_\_\_\_ Application Page 8
- \_\_\_\_\_ Signed Statement – Page 12 of application
- \_\_\_\_\_ Current *(within previous 6 months)* criminal history/background check  
*(All applicant's program staff are required to complete the national criminal history fingerprint background check through the Idaho Department of Health & Welfare Criminal History Unit. Please visit <https://chu.dhw.idaho.gov/> for complete information on obtaining the criminal background check.)*

Upon verifying completeness of the application, please submit original to:

Idaho Council on Domestic Violence and Victim Assistance  
Attn: Committee for Oversight of Domestic Violence Offender Intervention Programs  
P.O. Box 83720  
Boise, ID 83720-0036

## Additional Offender Intervention Program Staff

**Trainee(s):**

A trainee is a paid or volunteer staff person who has not completed the minimum requirements. A trainee may serve as a co-facilitator of groups with a Direct Service Provider or Program Supervisor, but may not facilitate a group alone. An individual may be considered a trainee for no more than two (2) years unless exceptional circumstances are demonstrated and provisional approval is granted, subject to additional requirements.

**Name of Trainee**

**Start Date**

Name of Trainee	Start Date

## Signed Statement

(One signed statement required for each Program Supervisor, Direct Service Provider, or Trainee)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

(Program Supervisor, Director Service Provider, or Trainee)

Program Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No

Have you ever been convicted of a crime involving violence?  Yes  No

Have you ever been charged with a crime involving violence, moral, or sexual issues?  Yes  No

Have you ever received a deferred sentence or had judgment withheld for a crime involving violence, moral, or sexual issues?  Yes  No

Have you ever been charged with a professional ethics violation?  Yes  No

Have you ever been named as a defendant or respondent in any civil or criminal action with the allegation of the use of threatened or actual violence?  Yes  No

If you answered "Yes" to any of the above questions, please explain.

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Any program staff has an ongoing duty to report, within 72 hours, to their agency any civil or criminal action in which they are named as defendant or respondent with the allegation they used or threatened to use violence. The agency shall forward information regarding the incident to the Idaho Council on Domestic Violence and Victim Assistance within 72 hours of its notification.

Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_