

# WomenShelter of Long Beach

40-Hour Domestic Violence Counselor Advocate Training

## Registration Form

Summer 2018 Training

July 13, 20, and 27

August 3 and 10

8:00 A.M. – 5:15 P.M.

Training Location:

Alpert Jewish Community Center

3801 E. Willow Street, 2nd Floor Board Room

Long Beach, CA 90815

### TRAINING TOPICS INCLUDE

- Overview of Domestic Violence & Societal Attitudes
- Children & Youth/Peer Counseling/Crisis Intervention/Cultural Competency
- Legal Issues/Police Response/Criminal Prosecution
- Housing/Public Assistance/Financial/Health & Referral Services

*You will receive a Certificate of Attendance as mandated by California Evidence Code Section 1037.1*

### IMPORTANT INFORMATION:

Registration is on a first come, first served basis.  
Registrants will be accepted until the training is full. Space is limited.

Please note that completing this form does not entitle you to be enrolled.  
We will contact you to let you know that your registration has been received.  
To register, please return the registration portion below along with the \$200.00 fee  
(payable by cash, check or credit card (Visa or Master Card only)).

Cancellation Policy: Cancellations made one month prior to the first day of training  
will be refunded at 50%. All other payments will not be refunded. If you have any  
questions or concerns regarding this policy please contact Eydie Pasicel  
(contact information can be found below).

For interested volunteers only - In order to volunteer for WSLB you MUST first complete  
a WSLB Volunteer Application, complete your Live Scan, and be approved to take this  
training as a volunteer.

P.O. Box 17098  
Long Beach, CA 90807  
Office: (562) 437-7233  
Fax: (562) 436-4943  
Info@womenshelterlb.org

Make checks payable to: WomenShelter of Long Beach  
Mail to: WSLB, P.O. Box 17098, Long Beach, California 90807  
Please fax, email, or mail this registration form to Eydie Pasicel's attention.

For additional information please contact Eydie Pasicel:  
562-437-7233, ext. 17, EPasicel@WSLB.org

Registration Form (Please Print Clearly)

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

Trainee Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Ext. \_\_\_\_\_

Email Address: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

Credit Card # (Mastercard & Visa Only): \_\_\_\_\_

CVC: \_\_\_\_\_ EXP: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

I authorize WomenShelter of Long Beach to charge my credit card

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