

WomenShelter of Long Beach

40-Hour Domestic Violence Counselor Advocate Training

Registration Form



Fall Training

October 13, 20, 27, November 3, 10, 2017

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: _____ Billing Zip: _____