



Emergency Shelter Program, Inc. 40 Hour Domestic Violence Counselor Training

Registration Form

Name: _____
(First) (Last)

Agency: _____

Address: _____
(street/ P.O. Box) (City, State, Zip)

Contact: (_____) _____
(Phone) (Email)

Please check all that applies to you:

- I am an employee of Emergency Shelter Program (ESP)
- I have a volunteer agreement with ESP
- I would like to enroll in the training. I have enclosed a check or money order for \$100, with *DV training* written into the memo.
- I am faxing my registration form to (510) 786-1247, and will deliver or mail my payment by January 25, 2012. (we cannot confirm your participation until we receive payment).

Completion of all classes are required for a certificate. If you have to miss any classes, please inform the training coordinator in advance. Missed classes will need to be made-up in order to receive your certificate.

Your signature below indicates agreement to all the above statements

(signature)

(date)