



## INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE

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Alexandria, VA 22314-2357

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# THE NATIONAL LAW ENFORCEMENT FIRST-LINE SUPERVISOR TRAINING ON VIOLENCE AGAINST WOMEN

## APPLICATION

The IACP, in collaboration with the Office on Violence Against Women, is sponsoring the National Law Enforcement First-Line Supervisor Training on Violence Against Women. The 4-day training offers those who hold primary responsibility for overseeing first responders a unique opportunity to: explore current approaches for responding to and investigating the crimes of violence against women, recognize culture and its effect on responding to violence against women crimes in order to maximize supervisory efforts, network with colleagues to share challenges and solutions, identify practical strategies to enhance officer response, and strengthen leadership skills for addressing and preventing domestic violence, sexual assault, stalking and human trafficking.

### Application Information

Interested sworn law enforcement who have supervisory oversight of first responders are eligible to apply. For those selected, all reasonable travel and lodging expenses associated with participation will be covered by the IACP. Applicants must be U.S. law enforcement.

Agencies may be eligible to send more than one member to the First-Line Supervisor Training; this is determined by agency size. Please see the agency size criteria below for details on the number of participants who can attend. The Selection Panel will determine if applicants from the same agency will be invited to attend the same training or be staggered over multiple events.

- **Agencies with less than 25 sworn members – one participant**
- **Agencies with between 26 and 125 sworn members – two participants**
- **Agencies with over 126 sworn members – three participants**

***Please note: Selection of one member in a department does not guarantee others will be accepted.***

### Application Steps

1. Complete the application form.
2. Obtain two Statements of Support from the agency's executive officer and applicant's direct supervisor (Appendix A and B). In the event the executive officer is the direct supervisor only Appendix A needs to be submitted. Statements must be sent in sealed, signed envelopes. Statements may be sent with the completed application or separately to the address below.
3. Mail the completed and signed application form along with resume and additional documents to the attention of: **Michael Rizzo, Project Manager, International Association of Chiefs of Police, 515 N. Washington St., Alexandria, VA 22314.**
4. Confirmation will be sent upon receipt of applications. Formal notice of acceptance will be sent to those applicants selected for participation in the Training.

**I. CONTACT INFORMATION**

Name \_\_\_\_\_ Law enforcement rank \_\_\_\_\_

# of years in current position \_\_\_\_\_ # of years served as sworn law enforcement \_\_\_\_\_

Name of agency \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email Address \_\_\_\_\_

How did you learn about the training? \_\_\_\_\_

Name of the executive officer of department: \_\_\_\_\_

**II. EDUCATION/TRAINING**

Years of post-high school education \_\_\_\_\_

Name of Institution	Degree(s) Awarded	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

**III. DEPARTMENT DESCRIPTION**

# of sworn officers in department \_\_\_\_\_ # of civilians in department \_\_\_\_\_

Are the sworn officers in your department covered by a union/guild? Yes  No

Does your department maintain a website? Yes  No

Does the website contain specific information for victims of crime? Yes  No

Does the website contain specific information for victims of VAW crimes? Yes  No

How many officers do you directly supervise? \_\_\_\_\_

Please indicate the average number of hours you spend **monthly** managing (*to include*: supporting members, responding to calls, and reviewing the elements of the crime) the following crimes:

Domestic Violence \_\_\_\_\_ Human Trafficking \_\_\_\_\_ Sexual Assault \_\_\_\_\_ Stalking \_\_\_\_\_  
Protection Order Enforcement \_\_\_\_\_

Please indicate the average number of hours you spend **weekly** mentoring those who you supervise on the following:

Domestic Violence \_\_\_\_\_ Human Trafficking \_\_\_\_\_ Sexual Assault \_\_\_\_\_ Stalking \_\_\_\_\_  
Protection Order Enforcement \_\_\_\_\_ Report Writing \_\_\_\_\_

**Annual** number of homicides: 2010 \_\_\_\_\_ 2009 \_\_\_\_\_ 2008 \_\_\_\_\_

On average, what percentage of these homicides were domestic-related? \_\_\_\_\_%

#### IV. AREAS OF EXPERIENCE

Rate each topic using a scale of 1 to 5 to indicate your level of experience. Responses will only be shared with members of the selection committee.

##### Personal experience with the following issues:

1 = No experience    2 = Limited    3 = Adequate    4 = Good    5 = Excellent

##### Management & Leadership skills

- \_\_\_\_ Setting goals and priorities
- \_\_\_\_ Staff motivation
- \_\_\_\_ Decision-making
- \_\_\_\_ Communicating vision and goals
- \_\_\_\_ Measuring success
- \_\_\_\_ Administering discipline

##### How would you characterize your ability to respond to the following crimes?

- \_\_\_\_ Domestic Violence
- \_\_\_\_ Human Trafficking
- \_\_\_\_ Sexual Assault
- \_\_\_\_ Stalking

##### How would you rate your ability to mentor officers on the following crimes?

- \_\_\_\_ Domestic Violence
- \_\_\_\_ Human Trafficking
- \_\_\_\_ Sexual Assault
- \_\_\_\_ Stalking

##### How would you rate your ability to train officers on the following crimes?

- \_\_\_\_ Domestic Violence
- \_\_\_\_ Human Trafficking
- \_\_\_\_ Sexual Assault
- \_\_\_\_ Stalking

**V. COMMUNITY DESCRIPTION**

Population of jurisdiction \_\_\_\_\_ Square mileage of jurisdiction \_\_\_\_\_

Describe your jurisdiction (mark all that apply):

Urban  Suburban  Rural  Remote  Tribal  Campus

Please provide a brief list of community agencies (i.e. non-profit groups, community-based programs, federal/state/county/local government) with which your department regularly collaborates on violence against women crimes. List primary contact person and contact information.

Agency	Contact Person	Email Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**VII. DEPARTMENT EFFORTS**

Does your agency have the following in place? (Check if yes)

- Early warning/early intervention system for officer accountability
- Policies posted on the agency website
- Memorandums of Understanding (MOU) with surrounding agencies regarding protocols for violence against women crimes such as stalking, protection order violations, domestic violence, or sexual offenses involving a member of your department.

Please indicate if you or your department audits or reviews the following: (Check if yes)

You	Department	
<input type="checkbox"/>	<input type="checkbox"/>	violence against women policies (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	accessibility for victim reporting
<input type="checkbox"/>	<input type="checkbox"/>	domestic violence reports
<input type="checkbox"/>	<input type="checkbox"/>	sexual assault reports
<input type="checkbox"/>	<input type="checkbox"/>	stalking reports
<input type="checkbox"/>	<input type="checkbox"/>	sexual assault case clearance rates
<input type="checkbox"/>	<input type="checkbox"/>	violence against women academy training curricula

Does your agency distribute victim surveys in order to gain community feedback?

Yes  No  Unsure

If yes, please describe:

Are you involved in the development of policy and/or procedures within your department?

Yes  No  Unsure

Are you involved in the development of resources and/or tools within your department?

Yes  No  Unsure

Does your department have any of the following specialized units or officers? (Check if yes)

Unit	Officer(s)	# of Members Assigned	Rank(s) of Assigned Staff
<input type="checkbox"/>	<input type="checkbox"/> Domestic Violence	_____	_____
<input type="checkbox"/>	<input type="checkbox"/> Sexual Assault	_____	_____
<input type="checkbox"/>	<input type="checkbox"/> Homicide	_____	_____
<input type="checkbox"/>	<input type="checkbox"/> Human Trafficking	_____	_____

How often does your department conduct trainings on the following crimes?

	Annually	Monthly	Other	Last Training
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
DV by Police Officers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stalking	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Does your department have specific policies in place to address the following crimes? (Check if yes)

**Attach copies of policies, if applicable.**

	Year policy last updated
<input type="checkbox"/> Domestic Violence	_____
<input type="checkbox"/> Sexual Assault	_____
<input type="checkbox"/> DV by Police Officers	_____
<input type="checkbox"/> Stalking	_____
<input type="checkbox"/> Human Trafficking	_____

Do your team members use any tools (e.g. checklists, protocols) for risk/threat assessment with victims?

**Attach copies of risk/threat assessment tools and protocols, if applicable.**

Yes  No  Unsure

If so, please name or describe:

\_\_\_\_\_  
\_\_\_\_\_

Are any of these tools used with domestic violence perpetrators?

Yes  No  Unsure

Does your agency actively participate in any of the following? (Check if yes)

- Local Domestic Violence Coordinating Council
- Domestic Violence Fatality Review Team
- Local Sexual Assault Response Team (SART)
- Human Trafficking Task Force

**IX. DEPARTMENT OF JUSTICE, OFFICE ON VIOLENCE AGAINST WOMEN SUPPORT**

Does your department currently receive funding from the U.S. Department of Justice, Office on Violence Against Women?    Yes     No     Unsure

If yes, which type of grant?

Most Recent Year Awarded

- STOP Violence Against Women Formula Grant \_\_\_\_\_
- STOP Violence Against Indian Women Grant \_\_\_\_\_
- Grants to Encourage Arrest Policies and Enforcement of Protection Orders \_\_\_\_\_
- Rural Domestic Violence and Child Victimization Enforcement Grants \_\_\_\_\_
- Grants to Reduce Violent Crimes Against Women on Campus \_\_\_\_\_
- Other \_\_\_\_\_

**X. DISCUSSION QUESTIONS (attach additional pages as needed)**

A. What specific information are you seeking to help your team members more effectively address crimes of violence against women in your community?

B. What specific information are you seeking to strengthen your supervisory skills regarding violence against women crimes?

C. What would your community members report to be your department's strengths in responding to crimes of violence against women?

D. What would your community members report to be your department's weaknesses in responding to crimes of violence against women?

**X. SIGNATURE AND ATTACHMENT CHECKLIST**

I hereby certify that the statements provided above and on the attachments to this application are true and complete to the best of my knowledge and that I have completed this application myself.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Please have the first in command of the agency for which you serve and your direct supervisor complete Attachment A and B of the application (attach additional pages as needed).**

**Attachments to include with this application:**

- Current resume
- Agency's organizational chart
- Department policies on domestic violence, sexual assault, stalking, police officer perpetrated domestic violence, and human trafficking (as applicable)
- Agency danger/lethality/threat assessment tools and protocols (as applicable)
- Attachment A: Statement of Support by Executive Officer
- Attachment B: Statement of Support by Direct Supervisor

*Failure to thoroughly complete this application and attach all requested documents will result in delays in processing your application.*

**Please mail this application and attachments listed above to:**

Michael Rizzo  
Project Manager  
International Association of Chiefs of Police  
515 N Washington Street  
Alexandria, VA 22314

**AGENCY LEADER STATEMENT SUPPORTING EMPLOYEE APPLICATION TO THE  
NATIONAL FIRST LINE SUPERVISOR TRAINING ON VIOLENCE AGAINST WOMEN**

**Application Supplement**

**Applicant Name:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

**Agency Leader Support:** A sworn member of your agency has applied to attend IACP's *National First-Line Supervisor Training on Violence Against Women*. As head of the agency, we need you to respond to the following questions and sign below in order for the application to be considered. Please note that the training is four days in length (not including travel) and all reasonable expenses associated with participation (travel, lodging) will be covered by the IACP. Meals that fall during the event hours will be provided by the IACP.

Due to grant guidelines, attendance is limited to those who supervise first responders of a law enforcement agency.

Please return this completed form to the applicant for inclusion in the applicant packet. Incomplete applications will result in processing delays.

- A. Why is the department interested in sending this particular member of your agency to the National First-Line Supervisor Training on Violence Against Women?

- B. What do you hope your agency will gain through participation in the Training?

**AGENCY LEADER STATEMENT SUPPORTING EMPLOYEE APPLICATION TO THE  
NATIONAL FIRST LINE SUPERVISOR TRAINING ON VIOLENCE AGAINST WOMEN**

C. Please describe the support this member of your agency will receive for implementing change in agency/officer efforts to address the crimes of violence against women.

As chief/sheriff of the agency, I hereby certify that the statements provided above are true to the best of my knowledge and that I have personally completed this form.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_

DIRECT SUPERVISOR STATEMENT SUPPORTING EMPLOYEE APPLICATION TO THE  
NATIONAL FIRST LINE SUPERVISOR TRAINING ON VIOLENCE AGAINST WOMEN

Application Supplement

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

Agency: \_\_\_\_\_

**Direct Supervisor Support:** A sworn member of your team has applied to attend IACP's *National First-Line Supervisor Training on Violence Against Women*. As direct supervisor of this individual we need you to respond to the following questions and sign below in order for the application to be considered. Please note that the training is four days in length (not including travel) and all reasonable expenses associated with participation (travel, lodging) will be covered by the IACP. Meals that fall during the event hours will be provided by the IACP.

Due to grant guidelines, attendance is limited to those who supervise first responders of a law enforcement agency.

Please return this completed form to the applicant for inclusion in the applicant packet. Incomplete applications will result in processing delays.

- A. Why are you interested in sending this particular member of your agency to the National First-Line Supervisor Training on Violence Against Women? What are their responsibilities with the department?

- B. What are the strengths of the member you are interested in sending to the training? What are their weaknesses?

**AGENCY LEADER STATEMENT SUPPORTING EMPLOYEE APPLICATION TO THE  
NATIONAL FIRST LINE SUPERVISOR TRAINING ON VIOLENCE AGAINST WOMEN**

C. What do you hope your agency will gain through participation in the Training? What are your expectations of the participant upon return to the agency after the Training?

D. Please describe the support this member of your agency will receive for implementing change in agency/officer efforts to address the crimes of violence against women.

As direct supervisor of (*name*) \_\_\_\_\_, I hereby certify that the statements provided above are true to the best of my knowledge and that I have personally completed this form.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Agency \_\_\_\_\_ Date \_\_\_\_\_