



**ACT AGAINST
VIOLENCE PROGRAM**

NATIONAL WORKSHOP

**WASHINGTON, DC
OCTOBER 9-11, 2008**

Registration Form

Please mail, fax, or e-mail this completed form by **September 1st, 2008** to:

Julia Silva, American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

Ph: 202-336-5817 Fax: 202-572-3001 E-mail: jsilva@apa.org

Name: _____

Organization: _____

Address: _____

CITY

STATE

ZIP

PH#: _____ FAX #: _____

E-MAIL: _____

1. Which of the following best describes your occupation? Check all that apply.

- Administrator or staff at a social service provider organization
- Clinical psychologist in private practice
- Faculty or staff at a College/University
- Director, teacher or staff at pre-school, nursery school and/or child care center
- Administrator, teacher or staff at elementary school
- School psychologist or counselor
- Administrator or staff at mental health clinic
- Administrator or staff at hospital
- Violence prevention activist
- Local government representative or official
- Other

Specify: _____

2. What best describes your workplace:

- Non-profit organization providing social services for families and children
- Private practice
- College or University
- Government agency (Public Health or Health Dept; Police Dept; Education Dept., Children & Families Dept.)
- Childcare center
- School
- Mental health clinic or medical center (underline your option)
- Other _____

3 Please describe your professional or volunteer experience with program implementation:

4. Please describe your professional or volunteer experience with families:

5. **Think about your past experience in implementing programs in your workplace or community. What have been the major issues and challenges? Check all that apply.**

- Not applicable. Don't have past experience
- Securing support and commitment from my organization
- Lack of knowledge on how to implement and evaluate an intervention
- Lack of motivation and/or interest in early violence prevention in my organization or community

- Securing funding
- Time required for involvement
- Political and "turf" issues
- Difficulties in having community organizations collaborate with each other

Other:

6. **How did you hear about the ACT program? Circle all that apply.**

- ACT web site**
- A co-worker**
- Someone in my community**
- APA Monitor**
- Other:** _____

7. **What skills and knowledge do you expect to leave with at the end of this workshop?**

Some information about you:

Are you a member of:

- The American Psychological Association (APA)
- Any other professional association

Specify: _____

- AGE:**
- 18 – 24
 - 25 – 39
 - 40 – 54
 - 55 – 65
 - 66 OR OLDER

- GENDER:**
- Male
 - Female

What is your race? Check all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Asian or Pacific Islander
- Other Race

Specify: _____

What is your ethnic background?

- Mexican, Mexican American, Chicano
- Puerto Rican
- Other Hispanic/Latino

Specify: _____

We are also interested in those to whom you provide services.

Who are they?

- Adults/Parents (Adoptive/Foster)
- Adults/Students at College/University
- Other Adults
- Children 0-8 years old
- Children 9-18 years old

What is your highest level of education?

- High school
- College degree
- Graduate degree

What is your area of expertise?

Specify: _____