



# APPLICATION ASSISTANT REGISTRATION

## Address Confidentiality Program "ACP" WEST VIRGINIA SECRETARY OF STATE

APPLICATION ASSISTANT INFORMATION			
Application type:    New <input type="checkbox"/> Renewal <input type="checkbox"/> Update <input type="checkbox"/>			
Name:		Title:	
Work address:			
City:		State: WV	ZIP Code:
Phone:	Fax:		E-mail:
EMPLOYER			
Name of Agency or Program:			
Hire Date:	Phone:	Fax:	
Street Address: (if different than work address)			
City:		State: WV	ZIP Code:
Supervisor Printed Name:		Contact Number:	
Supervisor Signature:			
TRAINING			
Are you trained and qualified to provide counseling, referral, shelter, or other specialized service to victims of domestic abuse, rape, sexual assault or stalking?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, <u>list at least one</u> relevant training and date completed:			
SIGNATURE			
Signature:		Date:	

Please mail completed Registration form and Statements of Understanding form to:

**Address Confidentiality Program  
c/o Secretary of State's Office  
P.O. Box 5399  
Charleston, WV 25361**

For Office Use Only:	
Date Received:	
Certified By:	
Effective Date:	
Registration #:	



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## Address Confidentiality Program "ACP" WEST VIRGINIA SECRETARY OF STATE

### STATEMENTS OF UNDERSTANDING

Please read and initial beside all of the following statements:

- I certify that I am an employee of a state or local agency, or of a nonprofit program that provides counseling, referral, shelter or other specialized service to victims of domestic abuse, rape, sexual assault or stalking, and have been designated by my respective agency or nonprofit program to apply as an application assistant.
- I further certify that I have never been convicted of a crime involving the molestation of children, nor have I ever been convicted of being a child predator.
- I understand that I am making these statements under penalty of false statement, as provided in Section 103, Article 28A, and Chapter 48 of the West Virginia Code.
- I understand that my certification in the ACP as a program application assistant is for a period of two (2) years. At the end of the two years I must renew my certification in the ACP by filing a renewal application, as directed by the Secretary of the State, in order to continue my certification in the program.
- I understand that my involvement in the ACP is not confidential. If asked, the Secretary of the State may confirm that I am a program application assistant.
- I understand the impacts of referring a victim of domestic violence to the Address Confidentiality Program. I will only make referrals in cases where I truly believe the applicant is a victim of domestic abuse, rape, sexual assault or stalking. I will not make a referral if I am aware of any fraudulent information reported by the applicant.
- I understand that should I be certified as a program application assistant I am not deemed to be an employee of the Secretary of State or an agent of the Secretary of State in any manner whatsoever. I will not hold myself out as, nor claim to be an agent or employee of the Secretary of State or the State of West Virginia simply because I am a program application assistant and will not make any claim, demand, or application to or for any right or privilege applicable to an agent or employee of the Secretary of State or the State of West Virginia.
- I will not discriminate against any client, or potential program participant, because of race, creed, color, national origin, gender, sexual orientation, age, or mental, physical or sensory disability.
- I understand that my participation in the ACP may be canceled if: (1) I violate any of the above statements of agreement; (2) I violate any other requirements set forth by the Secretary of State; (3) my certification expires and I have not applied for renewal; or (4) my application for application assistant or renewal contains false information.

#### SIGNATURE

Printed name:

Signature:

Date: