



THE OFFICE OF THE VICTIM ADVOCATE

EXPERIENTIAL LEARNING APPLICATION

INFORMATION

Last Name	First	Middle	
Current Address	Town/City	State	Zip Code
Current Telephone	E-Mail Address		
Permanent Address	Town/City	State	Zip Code

EDUCATION

High School, Technical, College, Graduate

Name of School			
Address	Town/City	State	Zip Code
Expected /Date of Graduation	Major	Grade Point Average (GPA)	
Related Course(s)			

Name of School			
Address	Town/City	State	Zip Code
Expected/Date of Graduation	Major	Grade Point Average (GPA)	
Related Course(s)			

Please provide the days and times you are available:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

WORK EXPERIENCE: Please submit a current resume.

SPECIAL SKILLS: (computer, office, etc.)

COMMUNITY/PROFESSIONAL ORGANIZATIONS, HONORS & AWARDS:

CRIMINAL HISTORY

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations or any offense settled in juvenile court or under a youth offender law.)

Yes No

If, "YES", please provide a detailed explanation about the nature of the conviction, degree of rehabilitation and time since release in the space provided, you can attach additional pages as necessary.

Special Note: You are **not** required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to Connecticut General Statutes § 46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. § 46b-146), an adjudication as a youthful offender (C.G.S. § 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon (C.G.S. § 54-142a).

REFERENCES:

Employer Reference Name	Mailing Address	Telephone Number
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Personal Reference Name	Mailing Address	Telephone Number
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Personal Reference Name	Mailing Address	Telephone Number
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Your application must include the following in order to be considered.

- Completed Application
- Letter of interest
- Resume

Submit application to:
Office of the Victim Advocate 505 Hudson Street
Hartford, CT 06106
Email: ova.info@ct.gov
Fax: 860-560-7065