



REGISTRATION FORM
Journey Out Case Manager Training/Certification

Name:

Agency Name:

Role:

<input type="checkbox"/> Leadership/Management	<input type="checkbox"/> Legal	<input type="checkbox"/> Residential Manager
<input type="checkbox"/> Administrative	<input type="checkbox"/> Case Manager/Case Worker	<input type="checkbox"/> Other Support Staff) _____
<input type="checkbox"/> Governing Board	<input type="checkbox"/> Client Advocate	

Field/Industry:
Check up to (2) that best describes your field of work.

<input type="checkbox"/> Domestic Violence Services	<input type="checkbox"/> Medical Clinician	<input type="checkbox"/> Family & Child Services	<input type="checkbox"/> Research
<input type="checkbox"/> Social Worker	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Public Health	<input type="checkbox"/> Human Services
<input type="checkbox"/> MFT/LMFT	<input type="checkbox"/> Probation	<input type="checkbox"/> Education	<input type="checkbox"/> Legal
<input type="checkbox"/> Other _____			

Sex/Gender: Male Female Transgender

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Race: African Descent/Black Asian American/Pacific Islander American Indian/Alaskan Native
 Caucasian Biracial/Multiracial

Yes No Does your agency currently work with victims of trafficking?

Yes No Do you currently work with victims of trafficking?

If yes to any of the above – what type of trafficking victims?

Sex Labor Both

Yes No Are you taking this course, to fulfill a required grant certification?

SIGNATURE

DATE

Send completed forms via mail, email, or fax to:

MAIL: Journey Out, 7136 Haskell Ave, Suite 125, Van Nuys, CA 91406

EMAIL: tay@neville@journeyout.org Please put "Case Manager Training" in the subject line.

FAX: 818-947-3923.

Payments can be made using the following:

CHECK: \$175 Payable to Journey Out

CREDIT CARD: Payment of \$175 via credit card can be submitted on the Journey Out website. Use the following link and put "Case Manager Training" in the NOTES section: <http://journeyout.org/donate>

FOR INTERNAL OFFICE USE ONLY

Date registration form received _____ Date payment received _____

Assigned to what cohort/session: _____