



**APPLICATION FORM**

**OREGON JUVENILE DEPARTMENT DIRECTORS' ASSOCIATION  
JUVENILE JUSTICE TRAINING FACULTY**

Name \_\_\_\_\_

Agency \_\_\_\_\_

Current  
Position \_\_\_\_\_

Employment Date \_\_\_\_\_

Agency Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I would like to be appointed to OJDDA training faculty, providing training in Fundamental and/or Intermediate/Advanced Skills for Juvenile Justice Professionals

**TRAINING COMPLETED (required):**

Fundamental Skills Training for Juvenile Probation/Parole Officers (formerly "Desktop Guide")

Date completed: \_\_\_\_\_

Cross Cultural Communication, Inclusion & Equity

Date completed: \_\_\_\_\_

**EXPERIENCE:**

Please describe any relevant juvenile justice experience and/or relevant work experience in the behavioral or social work field with any emphasis in sociology, psychology, law enforcement, corrections, counseling, social work or social welfare;

Please list relevant work experience, include populations worked with, environments and focus of your work. (You may refer to your resume to provide this information.)

**KNOWLEDGE OF JUVENILE JUSTICE:**

Please describe any professional experience, education, training, and/or volunteer experience which has contributed to your knowledge of Oregon's juvenile justice system.

## **SKILL AND EXPERIENCE IN TRAINING AND EDUCATION**

Please describe your experience in facilitation of training and/or teaching, particularly in adult training methods, and what has been the outcome of this work?

## **EQUITY, INCLUSION AND TRAUMA RESPONSIVE**

What do the words, 'equity', 'inclusion' and 'trauma responsive' mean to you and how has your life experiences and professional work up until now been shaped/impacted by equity, inclusion and trauma responsiveness (or lack thereof)?

What is your experience and/or training working with marginalized populations? How have you trained and supported juvenile justice professionals who identify as and/or are working with marginalized youth and families?

What is your understanding of and experience with training on and/or implementing Evidence Based Practices?

**Optional:** Please use this space to describe any other qualities or credentials you possess which you feel would make a positive addition to the training faculty.

You may attach your required letter of recommendation to this application, or you may ask your supervisor to mail it separately.

Please mail application and any supporting document(s) to:

OJDDA Training Committee c/o Sonya Littledeer-Evans

63360 Britta St. Bldg. 1, Bend, OR. 97703

Phone 541-385-1728; Fax 541-383-0165

Sonya.Littledeer-Evans@deschutes.org

*Applications are accepted indefinitely. After review by the OJDDA Training Committee, interviews may be scheduled, and appointments are made until the faculty reaches an optimum size. The committee meets quarterly but may schedule additional meetings to review applications. Please feel free to contact Jim Goodwin with any questions regarding the status of your application.*