York County Group Violence Intervention
Project Manager Tiffany Lowe
48 S. Duke St.
York, PA 17401
P: 717-841-5515

GVI EDUCATIONAL SUPPORT CANDIDATE APPLICATION FORM

York County Group Violence Intervention (GVI) aims to provide educational support for gun violence victims, witnesses, actors, and/or immediate family/household members thereof, to improve employment prospects and enable attainment of financial self-sufficiency. Completion of Workforce Development Curriculum and certification is designed to enable students to earn a livable wage (protective factor), thereby mitigating financial risk factors for future violent behavior. Eligible members of the community that have been affected by gun violence in the City of York may select from HACCs Workforce Development Programs and attend/complete certifications at no cost to approved applicants. This educational support pilot is a critical next step in pursuit of the goal of the local GVI Strategy's Support & Outreach prong to extend a genuine offer of help for those who want it.

Eligibility to Apply:

- Community members directly affected by gun violence in the City of York, including victims, witnesses, and actors.
- Immediate family members and/or immediate household members of the above parties may also apply. Immediate family members are defined as parent, stepparent, spouse, child, stepchild, sibling, stepsibling, grandparent, grandchild, great-grandparent, aunt, uncle, niece, nephew, brother-in-law, or sister-in-law.

Automatic Exclusions:

- Individuals under active investigation for a violent crime.
- Individuals with active outstanding criminal or non-traffic warrants.
- Group-member involved (GMI) individuals or known associates thereof that are actively engaged in gun violence.

Candidate Full Name (Last, First MI):_____ Date of Birth:_____

Street Address:_____ City, State, Zip Code: _____

Phone Number:_____ Email Address:_____

Name of Individual Affected by Gun Violence Incident(s)
(self, immediate family member, immediate household member): _____

Candidate's Relationship to Individual Affected by Gun Violence:

- ☐ Victim
  - ☐ Self
  - ☐ Immediate Family Member
  - ☐ Immediate Household Member
- ☐ Witness
  - ☐ Self
  - ☐ Immediate Family Member
  - ☐ Immediate Household Member
- ☐ Actor
  - ☐ Self
  - ☐ Immediate Family Member
  - ☐ Immediate Household Member

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Please describe below, in your own words: (1) what specific gun violence incident(s) have had an impact on you, your immediate family, and/or immediate household members (e.g. physically, emotionally, financially) and how you/they have been impacted; and (2) how you believe educational support and completion of one of the following courses/programs will positively effect you, your immediate family, and/or immediate household members. Please feel free to attached additional pages if necessary.

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A list of potential available courses are provided below. You may also review Harrisburg Area Community College's Workforce Development Course and Program descriptions online at https://onlinewfd.hacc.edu. Please provide your 1st and 2nd choice program below:

- Adult Basic & Secondary Education/General Education Diploma (GED)
- Act235 (Lethal Weapons Training for Security work)
- Adult Basic Welding
- Advanced Emergency Medical Technician
- Cardiology Technician
- Certified Recovery Specialist/Certified Family Recovery Specialist
- Commercial Driver's License (CDL) Class A
- Commercial Driver's License (CDL) Class B
- CompTIA (Computer Course)
- Computer Numerical Control (CNC) Operator
- Computer Numerical Control (CNC) Programmer (must take CNC operator or have prior machining experience)
- Emergency Medical Technician
- English Language Learner (All levels: beginner, intermediate, and advanced)
- Forklift Operator
- Microsoft Office Suite (Word, Excel, PowerPoint)
- Nurse Aide
- Personal Care Home Administrator
- Pharmacy Technician
- Phlebotomy Technician
- Reflexology
- Wastewater Operator

Desired Course (1st choice):_____ Desired Course (2nd choice):_____

Earliest date available to begin coursework (if approved): _____

By signing below, I certify all information provided in the application is true and correct to the best of my knowledge or information and belief. I believe I am **eligible** based upon the 'Eligibility to Apply' and 'Automatic Excluders' information above and do not have any **Automatic Excluders**. I agree to attach a completed **'Authorization to Release Information Form'** to this application to allow HACC to share information about my registration, educational progress, and coursework completion to the County of York for grant management and reporting purposes. I further agree to provide HACC a completed anecdotal (personal experience) report form, describing how educational support impacted my life, upon coursework completion. Personal identifying information (e.g., name, date of birth, address, phone number, email) will be removed from the anecdotal report before being shared with the funder.

I understand that Educational Support is not guaranteed solely based upon submission of this application and said support is subject to eligibility requirements, final approval by the GVI Governance Board, funding availability, and HACC course/program availability.

Release of Information Form Attached: Yes / No (form required to process application)

Candidate Signature: _____ Date: _____

For GVI Staff Use Only:

Date Application Received: _____ Time Application Received: _____

Recommended to GVI Governing Board: Yes/No Date of Recommendation/Denial: _____