



## Certified in Volunteer Administration

### 2005 REGISTRATION FORM

**Registrations must be received by:  
March 1, 2005**

**Send this completed form, two letters of recommendation and fee to:**

AVA, P.O. Box 32092, Richmond VA 23294 USA (Fax) 804.672-3368

#### 1. Candidate Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### 2. Experience in Volunteer Resources Management: \_\_\_\_\_ # of years

Candidates must have the equivalent of three years of full-time experience related to volunteer resource management. The three years may be earned over several years and include part-time service. A minimum of 30% of your current position must be related to volunteer resource management. It may be volunteer or salaried experience and can include program development and management, consulting, teaching, writing, etc. Only include your most **recent** experience to meet the eligibility requirement. Use an additional page if needed

Dates:		Organization Name and Location	Title of Position
From	To		

3. \_\_\_\_\_ I will arrange a local exam site and proctor by April 15, 2005, and notify AVA accordingly.  
 \_\_\_\_\_ I will plan to take the CVA exam on May 25, 2005 at a local test site in my area.  
 \_\_\_\_\_ I understand I must complete my Portfolio by December 31, 2005.

(continued)

**4. Professional References:** Two reference letters must be submitted with your application. Letters should be from individuals familiar with your work in volunteer administration such as colleagues, supervisors and/or clients. Letters should confirm your past activity in the field and that you are an appropriate candidate for the CVA credential. Please provide the names of your two professional references below.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**5. Fees:** \_\_\_\_\_ I am currently an AVA member, and therefore qualify for the discounted fee.  
\_\_\_\_\_ I wish to become an AVA member now, in order to obtain the member discount on my credentialing fee. I am enclosing my membership dues of \$50.00 US.

AVA Member Fee for CVA Registration: \$150 US

Non-Member Fee for CVA Registration: \$300 US

**Total Payment Due:**

**6. Payment:** Make checks payable To AVA. All checks and money orders must be in US Dollars.

Credit Card: \_\_\_\_\_ VISA \_\_\_\_\_ Master Card

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**I affirm the information submitted above is accurate and meets the eligibility requirements of the CVA credential sponsored by AVA. I have read and agree to uphold AVA's Professional Ethics in Volunteer Administration Statement as shown on page 8 of the CVA Candidate Handbook.**

**Name (print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**\*\*Special Accommodations:** I request special accommodations for the CVA exam as follows:

\_\_\_\_\_ accessible test site \_\_\_\_\_ special seating \_\_\_\_\_ large print test \_\_\_\_\_ reader

\_\_\_\_\_ circle answers on test \_\_\_\_\_ extended test time (time and a half)

\_\_\_\_\_ other special accommodations: \_\_\_\_\_

**Professional Documentation:** Please have this section completed by an appropriate professional to ensure AVA is able to provide the required test accommodations. Attach extra page if needed.

*The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability described below, s/he should be accommodated by providing special arrangements as indicated. Comments:*

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_