

***CCRDV “Faith and Domestic Violence” Training Screening Tool***

CCRDV Staff Name: \_\_\_\_\_

Faith community: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Faith tradition and/or denomination: \_\_\_\_\_

Leader of faith community: \_\_\_\_\_

Contact person: \_\_\_\_\_

Date of contact: \_\_\_\_\_

Telephone number(s) Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_

***Background Information and Specific Requests***

Size of congregation: \_\_\_\_\_ Expected number of attendees: \_\_\_\_\_

Host group and type of gathering: \_\_\_\_\_

Location of gathering: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date and time of gathering: \_\_\_\_\_

Audio-visual resources available on site: \_\_\_\_\_

Special requests to customize the format: \_\_\_\_\_

Special requests to customize the content: \_\_\_\_\_

Language issues or requests: \_\_\_\_\_

Specific cultural or faith traditions of which speakers should be aware: \_\_\_\_\_