

SACRED CIRCLE CAN FACILITATE A WORKSHOP OF YOUR CHOICE IN YOUR COMMUNITY. INTERESTED?

WORKSHOP PARTNERSHIP PROGRAM

SOME 2 TO 3 DAY WORKSHOP CHOICES:

- Ending Violence Against Native Women: Causes, Dynamics And The Role Of Advocates
- Advocacy For Native Women Who Have Been Raped
- Sexual Violence In The Lives Of Native Women
- Connections: Chemical Dependency And Battering
- Legal Advocacy: Safety And Justice For Native Women Who Are Battered
- Facilitating Native Men's Re-Education Classes
- Advocacy For Children Of Native Women Who Are Battered
- Probation: Tribal Systems Approach To Domestic Violence
- Shelter And Advocacy Program Administration: Routine Issues And Challenges
- Law Enforcement Investigation And Evidence Based Prosecution
- Coordinated Community Response To End Violence Against Native Women
- Role of Law Enforcement In Ending Violence Against Women
- *Advanced Training: Law Enforcement Response To Sexual Assault
- *Role Of Supervisors In Domestic Violence Investigations
- Impact Of Witnessing Domestic Violence On Children
- Women Who Use Violence
- Other workshops tailored to meet the specific needs of your community in it's effort to end violence against women

*Prerequisite - Sacred Circle's Ending Violence Against Native Women Training Institute: Role of Law Enforcement

TO PARTICIPATE IN THE WORKSHOP PARTNERSHIP PROGRAM:

- 1) Choose a workshop or topic area
- 2) Complete the Workshop Partnership request form on the back of this page or download it from www.sacred-circle.com.
- 3) Fax the completed form to 605-341-2472, attention: Brenda Hill, Education Coordinator. Brenda will contact you to answer questions, discuss the agenda and assist you through the process to finalize arrangements.

REGISTRATION FORM

WORKSHOP PARTNERSHIP PROGRAM

**IF YOU ARE INTERESTED IN THE WORKSHOP PARTNERSHIP PROGRAM,
PLEASE COMPLETE THIS FORM AND FAX TO: 605-341-2472.**

All requests must be received through this form. Thank you.

Date: _____
Contact Person: Title: _____
Organization: _____
Tribe: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Ext.: _____ Fax: (____) _____
E-mail: _____
Workshop Title or Topic: _____
Preferred Dates: Alternate Dates: _____
Approximate length of workshop: _____
Preferred Location: _____
Intended Participants (by title): _____
Expected Number of Participants: _____
List your goal(s) of and/or issues to be addressed by this training: _____

Is your program: (check all that apply)

- A tribal program? Native non-profit (501(c) 3)?
- A domestic violence advocacy program?
- Non-Native advocacy program?
- Other: _____

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