Request for NCAVA Workshop Endorsement

As a benefit to North Carolina Association of Volunteer Administration (NCAVA) affiliate members, NCAVA endorses qualified workshops so attendees can earn contact hours toward the Certified Administrator of Volunteers in North Carolina (CAVNC) credential. The first 12 contact hours per affiliate per calendar year will be granted at no cost. All further endorsement contact hours will be provided at a cost to the member affiliate of $5 per hour.

NCAVA also endorses qualified workshops for non-member affiliates, organizations, and presenting individuals. All endorsement contact hours will be provided at a cost to the non-member organization or individual of $10 per contact hour.

The endorsement request should be received by the NCAVA Education Chair at least 30 days prior to the event to receive publicity from NCAVA. The endorsed training events will be publicized in the NCAVA bi-monthly newsletter, NCAVA website listing, or the NCAVA member email list.

Endorsement results must be received prior to any announcement of the workshop endorsement and prior to printing the brochure/flyer. Please notify NCAVA immediately if endorsed training is canceled.

Thank you for your interest in furthering the education and resources for Volunteer Administrators! We look forward to assisting you in the endorsement and marketing of your training. We also appreciate your encouragement and support of the CAVNC credential to the Volunteer Administrators attending your training.

Within the time frame described above, please email (preferred), fax, or mail a completed request for NCAVA endorsement to:

Elane Fleming-Stinson, M.B.A
VP of Professional Development
NCAVA
3434 Edwards Mill Road
Suite 112-347
Raleigh, NC 27612
Email: VPProfessionalDevelopment@ncava.net
Phone: (704) 334-3187 Ext. 230

Workshop Details

Today's Date:	
Title of Workshop:	
Workshop Date(s):	
Workshop Time:	
Workshop Location and Adress:	
How do you sign up for the workshop?	
Sponsoring Agency/ Organization:	
Are you an NCAVA affiliate for the current year?	
Number of hours of actual education/instructional activity:	
Cost:	
Presenter's Name:	
Title:	
Employer:	
Address:	
Telephone:	

Check the NCAVA Training Category this Workshop Best Fall Under

☐	**Professionalism:** Examples include Communications, DISC, Emotional Intelligence, Enneagram, Myers Briggs Assessment, Public Speaking, Self-Care, Soft Skills, Strength's finder, Team Building, etc.
☐	**Leadership and Accountability:** Examples include Accounting, ADA, Conflict Management, Crisis Management, Diversity, Equity, Emergency Management, Human Resources, Inclusion, Legal Issues, Management, Measuring Success, Policies, Reporting, etc.
☐	**Program Development:** Examples include: Handbooks, Procedures, and Policies, Recruitment, Onboarding and Training, Recognition, Retention, Retirement, etc.
☐	**Innovation:** Examples include: Technology skills, Change Management, Current Issues/Hot Topics, Technology, Social Media and Web Presence, Volunteer Trends, Tips, and Tricks, etc.

Basic Description for the Workshop/Corse:

Please describe experience and credentials that qualify the presenter to teach this workshop/course, including other topics of expertise for mention in the NCAVA database.

List the Primary Learning Objectives for this Training:

Feel free to attach a sample brochure and/or agenda if you want to supply more detail.

What training strategies will be utilized? *Check all that apply*

☐ **Lecture**	☐ **Reports**	☐ **Demonstration**	☐ **Video**
☐ **Modeling**	☐ **Exercise**	☐ **Small Group Work**	☐ **Programmed Instruction**
☐ **Panels**	☐ **Standardize Testing**	☐ **Role-Playing**	☐ **Field Work**
☐ **Other (specify):**			

What assessment and evaluation methods will be used for participants?

☐ **Attendance Records** *(Required for CEUs)*	☐ **Performance Demonstration**
☐ **Written or oral examinations**	☐ **Completion of a project**
☐ **Self-Assessment**	☐ **Standardized Examinations**
☐ **Other:**	

What other assessment and evaluation methods will be used for the program?

☐ **Participant feedback surveys**	☐ **Debriefing among planners**
☐ **Other:**	

Information of Person Submitting Application

Submitted By:	
Employer:	
Address:	
Telephone:	
E-mail:	