



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 cancelled.

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 trainings. 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 completed request for NCAVA endorsement to:

Summer Nixon-Snell

Volunteer Services Coordinator
J. Iverson Riddle Development Center
300 Enola Road
Morganton, NC 28655
Email: summer.nixon-snell@dhhs.nc.gov
Fax: 828-438-6517
Phone: 828-608-6213 or 828-438-2604

Workshop Details	
Today's Date:	
Title of Workshop:	
Workshop Date(s):	
Workshop Time:	
Workshop Location:	
Workshop Address:	
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	
	<p>Professionalism: Examples include Communications, DISC, Emotional Intelligence, Enneagram, Myers Briggs Assessment, Public Speaking, Self-Care, Soft Skills, Strength's finder, Team Building, etc.</p>
	<p>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.</p>

	<p>Program Development: Examples include: Handbooks, Procedures and Policies, Recruitment, Onboarding and Training, Recognition, Retention, Retirement, etc.</p>
	<p>Innovation: Examples include: Technology skills, Change Management, Current Issues/Hot Topics, Technology, Social Media and Web Presence, Volunteer Trends, Tips and Tricks, etc.</p>

Basic Description for the Workshop/Course:
<p>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. Include how to register.</p>

List the Primary Learning Objectives for this Training:
<p>Feel free to attach a sample brochure and/or agenda if you want to supply more detail.</p>

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

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

What assessment and evaluation methods will be used for participant?

Attendance Records <i>(Required for CEUs)</i>	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:	