**TAG-Training Advisory Group: Facilitating Workplace Learning for Community Corrections Professionals**

**Overview**

The Training Advisory Group (TAG) assists in the development of ongoing training for the Community Corrections field. TAG is looking for individuals that are dedicated to moving the field forward in training and championing Evidence Based Practices (EBP). The following questionnaire is designed to gather information from those who have expressed an interest in becoming members of TAG. Please complete the entire questionnaire and return to the DCJS Training Coordinator. Let me know if you have any questions.

**Application for Participation in TAG**

|  |
| --- |
| **Employment Information** |
| Employee Name |   |
| Job Title |  |
| Agency |  |
| Work Phone |   |
| E-Mail Address |  |
| Director/Supervisor |  |
| Work Phone |   |
| E-Mail Address |   |
| Employment Start Date |  |
| Basic Skills/CORE or Equivalent Completion Date | *If equivalent, provide name of training, agency, and date completed.* |
| *If applicable:* |
| OST Training Completion Date |  |
| Case Planning Training Completion Date |  |
| VPRAI (or Praxis) Training Completion Date |  |

|  |
| --- |
| **Trainer Development Information** |
| Please complete the following questions in detail; however, keep answers concise as to stay within the text box provided.  |

***Please respond to ALL the questions below.***

1. What interests you about becoming a TAG member?

2. Do you have previous committee, board or similar membership experience?

|  |  |
| --- | --- |
| √ | Level of Experience |
|  | No previous experience |
|  | Minimal Experience (some previous committee, board or similar membership experience, no more than 1 time per year) |
|  | Significant Experience (routine previous committee, board or similar membership experience, 2 or more times per year) |

3. List and describe any specific training you have completed for group facilitation and/or training delivery. If applicable, include any certifications obtained and the awarding agency.

4. What training areas interest you the most and why?

|  |
| --- |
| **Member Acknowledgement and Commitment** |
|

|  |  |
| --- | --- |
| √ | Member Agreement |
|  | I am willing and available to attend TAG meetings ( a minimum of 6 a year) |
|  | I am willing and available to attend sub committees as assigned in support of TAG |
|  | I agree to be an active member of TAG, and provide valuable input in moving the field forward for training |
|  | I agree to communicate openly with TAG liaisons, members and DCJS Training Coordinator to ensure collaborative efforts |
|  | I agree to step down from TAG if I am unable to fully commit at any time (understanding I may resume when I am able to commit at a later date) |
|  |  |

 |

Interested Trainers Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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