

DRAFT

SUPERVISOR STAFF CERTIFICATION STATEMENT

- _____ I understand that I shall not release any information that (BIP) collects, or that becomes known by (BIP), that concerns fact that are to remain confidential, and when such confidentiality may not be waived under applicable federal or state statute or regulation.
- _____ I understand that I shall not reveal information received from a victim or the current partner of a batterer without consent of that victim or current partner.
- _____ I understand that engaging in domestic abuse in my own life will result in the termination of my employment at (BIPS).
- _____ I have engaged in domestic abuse in my own life but I have not committed any acts of domestic abuse for two years and I have successfully completed a batterers intervention program. **(Please initial “n/a” if this statement does not apply to you)**
- _____ I do not abuse alcohol or drugs.
- _____ I have an awareness of power and control issues.
- _____ I agree to communicate and act in ways that provide batterers with a positive role model for behavior that is consistent with gender equality and mutual respect between men and women.
- _____ I have an interest in working towards the elimination of domestic abuse and other forms of abuse both as an employee at (BIP) and as a member of the wider community.
- _____ I understand that I am to demonstrate sensitivity to the racial, ethnic, and linguistic diversity within the community served by (BIP).
- _____ I have, at minimum, a baccalaureate degree.
- _____ I have at least two years of experience working with batterers or victims of domestic violence. **(If Program has more than one person in a supervisory position, this only needs to apply for one supervisor. Please initial “n/a” if this item does not pertain to your position.)**

_____ I have training in group facilitation. *(If Program has more than one person in a supervisory position, this only needs to apply for one supervisor. Please initial "n/a" if this item does not pertain to your position.)*

_____ I understand that part of my responsibilities as Supervisor includes the following: *(If Program has more than one person in a supervisory position, this only needs to apply for one supervisor. Please initial "n/a" if this item does not pertain to your position)*

1. Supervision of instructors and other staff;
2. Instructor training;
3. Compliance by the program with the Rules; and
4. Compliance by the program with applicable laws.

_____ I agree to maintain contact with the Victim Advocate on a periodic schedule.

_____ I will ensure (BIP's) instructors' ability to conduct safe and effective intervention with batterers.

_____ I will conduct regular supervision with instructors and maintain clear records of the dates, times, and content of these supervisory contacts.

_____ I understand that I must receive a minimum of forty hours of training within the first twelve months of my employment, unless part or all of this requirement has been officially waived by the Domestic Violence State Coordinating Council. I understand that the content and providers of this training is to be in compliance with (BIP's) **training policy**.

_____ I understand after receiving my initial forty hours of training, I am to receive a minimum of eight hours of training annually, and that the content and providers of this training will be in compliance with (BIP's) **training policy**.

_____ I have read and agree to adhere to the responsibilities of my job description.

_____ I have received and read the policies and procedures that govern this batterer intervention program.

