

**EVENT REGISTRATION - PLEASE OPEN & SAVE
FIRST, THEN COMPLETE AND RETURN
Welcome! Please register your name and email.**



Name: _____

Email: _____

DC Center Email List

Thanks to grant funding, we can offer anti-violence events & mental health services for no cost. Below is a demographics survey to reflect the needs. Optional. Anonymous.

Date: _____ Pronouns: _____

Age: _____ Racial/Ethnic Identity(ies): _____

Gender Identity: _____ Sexual Identity: _____

Address: DC Quadrant: _____ MD VA Other _____

Why attending this event? _____

Have you directly experienced a crime, violence, assault and/or abuse?

YES NO Not Sure? (see below)

Have you witnessed or been affected indirectly by a crime, violence and/or abuse against someone close to you, or an in-direct traumatic event (e.g. mass shooting, disaster, etc)?

YES NO Not Sure? (see below)

Please check all experiences that apply to you:

Adult survivor of childhood abuse
Arson
Assault/attempted homicide
Bullying
Child physical abuse
Child sexual abuse
Child exposed to violence
DUI/DWI
Elder abuse
Emotional/Verbal Abuse
Family violence or abuse
Hate bias crime (racial, religious, gender, sexual identity, etc.)
Homicide

Human trafficking
Identity theft, fraud, and/or financial crime
Intimate Partner Violence (IPV)
Kidnapping
Robbery
Sexual assault (adult or minor)
Stalking
Terrorism, war or genocide
Accident or disaster
Homelessness
Living in a dangerous environment
Public Health Threat
Other: _____

Please check all that apply to you:

Deaf or Hard of Hearing
Homeless
Immigrant, Refugee or Asylum Seeker
LGBTQ+
Veteran
Campus Crime Victim

Cognitive, Physical, Mental Disability
Military
Crime Victim Comp (CVC)
Limited English Proficiency (LEP)
Other: _____

Please email completed form to: ChristinaC@TheDCCenter.org

~ Thank you!