

ATAP MEMBERSHIP APPLICANT SPONSORSHIP QUESTIONS

APPLICANT'S NAME: _____

SPONSOR'S NAME: _____

I HAVE KNOWN THE APPLICANT FOR: _____

DOES THE APPLICANT, BY THE NATURE OF THEIR COMPENSATED EMPLOYMENT (CHECK ALL THAT APPLY):

- ☐ Conduct threat assessments or violence risk assessments
- ☐ Design/participate in threat management plans
- ☐ Participate in threat assessment/management teams
- ☐ Conduct investigations of threat/violence cases
- ☐ Provide support services to victims of threat/violence cases
- ☐ Provide services/counsel related to prosecution of threat/violence cases
- ☐ Represent individuals/entities who are victims of threats/violence risk cases
- ☐ Provide mental health or behavioral science expertise related to threat/violence risk cases
- ☐ Conduct/publish scientific research involving threat assessment/violence risk assessments

SPONSOR KNOWLEDGE OF CANDIDATE (CHECK ALL THAT APPLY):

- ☐ I have personal knowledge of the applicant's professional experience.
- ☐ I have discussed the responsibilities of being an ATAP member with the applicant and I feel confident that the applicant understands the nature of ATAP as a professional networking, education, and fellowship organization rather than a tool for marketing.
- ☐ In my opinion, the applicant qualifies to become a member of ATAP and I am sponsoring this applicant.
- ☐ To the best of my knowledge, there is nothing in the applicant's professional/personal history that would present a potential concern as a member of ATAP.
- ☐ I attest that to the best of my knowledge, the above information is accurate.

SIGNATURE: _____ DATE: _____



ASSOCIATION OF THREAT ASSESSMENT PROFESSIONALS

Thank you for taking the time to assist in ensuring ATAP's continued growth by sponsoring a new member. By taking actions to verify certain aspects of the applicant's background and accurately completing this form, you are taking the important first step in the process of: (1) enlisting qualified new members; and (2) just as importantly, screening out applicants who are not suited for membership. Please make certain that you have had a substantive conversation with this applicant prior to completing this form. While it is easy to describe the benefits of membership in ATAP, it is vital that they understand the responsibilities that come with membership.

If you do not feel comfortable in sponsoring this applicant, please have a conversation with him/her and do not return this form.

**IDENTIFY.
ASSESS.
PREVENT.**