



**ROD UNDERHILL, District Attorney for Multnomah County**

804 County Courthouse • Portland, Oregon 97204 • 503 988-3222 • FAX 503 988-3304  
www.mcda.us

Thank you for your interest in becoming a volunteer Sexual Assault Victim Advocate (SAVA) with the Multnomah County District Attorney's Office.

As A SAVA, you will meet with law enforcement and victims of sexual assault at local hospitals or medical facilities including Oregon Health Sciences University, Legacy Emanuel Hospital, Adventist Medical Center, Kaiser Sunnyside Hospital, and Mt Hood Medical Center. Your role will be to provide support and information during the forensic medical examination and law enforcement interview. The purpose of the hospital response is two-fold: to ensure the physical well being of the victim and to collect forensic evidence that may be present. You will learn much more about the system if you are selected to attend the training.

On-call SAVAs are scheduled a minimum of twice per month. Your shift could be in the evening (5:00 pm to 7:30 am the following day) or a Saturday or Sunday (7:30 am to 7:30 am).

- SAVA must have reliable transportation, valid Oregon driver's license and proof of insurance.
- SAVA must consent to a criminal background investigation.
- Agree to one-year commitment.
- Be 18 years of age or older.
- Must be able to attend all training sessions
- Sign a confidentiality agreement

If this is an opportunity that you are interested in, please complete and submit the following application. Class size is limited. You may mail your application to: Victim Assistance Program, District Attorney's Office, 1021 SW 4<sup>th</sup> Ave, Portland OR 97204, or you may fax to (503) 988-3304. For further information, please contact Ila Christy, Volunteer Coordinator @ 503-988-5598.



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Volunteer On-Call Sexual Assault Victim Advocate Application

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Best time and number to contact you: \_\_\_\_\_

Oregon Driver's License Number and Expiration Date: \_\_\_\_\_  
(If you have recently moved to Oregon, State law requires that you obtain an Oregon license within 30 days)

Do you have your own transportation? \_\_\_\_\_

If you speak a language other than English, what is it? \_\_\_\_\_

Tell us where you are employed: \_\_\_\_\_

Please tell us about yourself (use additional pages if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your strengths/personal characteristics that would make you an effective Sexual Assault Victim Advocate?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe any experience/training you have had that relates to advocacy/crisis intervention and when/where/how it was acquired. (Use additional pages if necessary):

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Why do you want to be a Sexual Assault Victim Advocate?

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What other service organizations have you been involved with?

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How will you handle information or procedures that make you uncomfortable or that you disagree with? (i.e. a protocol you disagree with or a police officer you feel is asking inappropriate questions)

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Describe your experience working with diverse groups.

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Describe any experience you have had working with law enforcement.

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Have you ever had any involvement with the police?

For example: you have been arrested or detained, you have been convicted, you have reported being the victim of a crime. Please explain in detail.

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Within the past 12 months have you experienced a profoundly traumatic event? Please explain in detail.

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- I understand that my position as an On-Call Sexual Assault Victim Advocate will involve sensitive and confidential information. I understand that I will only share this information with law enforcement or the Multnomah County District Attorney's Office staff.
- I understand that a criminal records check will be made on me before I can begin work as an SAVA. (A criminal conviction **may** affect your ability to act as an RVA.)
- I will report immediately to the Program Coordinator any arrests, convictions or other changes to my criminal history.
- I understand that I must attend all training sessions.
- I understand that I will be told at the end of training whether or not I have successfully completed the course to become an SAVA. Also that at any time if the program feels I have not met my obligations adequately I can be removed from the program.
- I understand that I will be required to have a valid Oregon driver's license and proof of insurance.

**\*\*\* I am enclosing a copy of my current vehicle insurance and a copy of my driver's license \***

Signature \_\_\_\_\_ Date \_\_\_\_\_