



MICHAEL D. SCHRUNK, District Attorney for Multnomah County

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

We want to thank you for your interest in becoming an On-Call Rape Victim Advocate with the Multnomah County District Attorney's Office.

As an On-Call RVA, you will meet with law enforcement and the sexual assault victim at local hospitals or medical facilities including Oregon Health Sciences University (OHSU) Legacy Emanuel Emergency Department Adventist Medical Center, Kaiser Sunnyside Hospital, Mt Hood Medical Center. Your role will be to provide support and information during the forensic medical examination and law enforcement interview.

You will introduce yourself to the law enforcement officer at the hospital and obtain basic information about the victim (name, birth date, etc.). You will then go to the victim and introduce yourself. It is important to ask first about the victim's comfort and address any immediate needs or concerns. You will then begin to explain what is about to happen. 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.

Requirements: On-Call RVAs are generally scheduled one to three times per month. Your shift could be an evening (5:00 pm to 7:30 am the following day) or a Saturday or Sunday (7:30 am to 7:30 am).

- RVA will be able to respond to the hospital within 30 minutes of being dispatched. Due to the necessity of responding to the hospital quickly, we prefer that you live in Multnomah County.
- RVA must have reliable transportation, valid Oregon driver's license and proof of insurance.
- RVA must agree to criminal background investigation.
- Agree to one-year commitment
- Be 18 years of age or older
- Have reliable child care arrangements
- 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: RVA Program, District Attorneys Office, 1021 SW 4th Ave, Portland OR 97204, or you may fax to (503) 988-3304, attn: RVA Program.



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On-Call Rape 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 Rape 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):

Why do you want to be a Rape Victim Advocate?

What other service organizations have you been involved with?

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

Describe your experience working with diverse groups.

Describe any experience you have had working with law enforcement.

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.

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

- I understand that my position as an On-Call Rape 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 RVA. (A criminal conviction **may** affect your ability to act as an RVA.)
- 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 RVA. 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_____