



MIKE SCHMIDT, District Attorney for Multnomah County

1021 SW 4th Ave., 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 and/or medical facilities including: Oregon Health Science University, Legacy Emanuel Hospital, Adventist Medical Center, Kaiser Sunnyside, Mt. Hood Medical Center and occasionally, Providence Milwaukie & St. Vincent's. 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 **40 hour** training.

On-call SAVA's are scheduled three times per month. Your shift could be in the evening (5:00pm – to 8:00am the following day) Or Saturday or Sunday (8:00am to 8:00pm. & 8pm to 8am). The requirements to be a SAVA are as following:

- Have reliable transportation, valid Oregon driver's license and proof of insurance.
- Consent to a criminal background investigation.
- Agree to a 1 year commitment.
- Be 18 years of age or older.
- 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 send in your application the following ways:

Mail to: Victim Assistance Program, District Attorney's Office Attn: SAVA Program
Coordinator 1021 SW 4th Avenue Room 804, Portland, Oregon 97204

Email to: sava@mcda.us

Fax to: 503-988-3304

For further information, please contact the MCDA Victim Assistance Program (503) 988-3222
or email sava@mcda.us



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Volunteer On-Call Sexual Assault Victim Advocate Application

Name: _____ Date: _____

Address: _____

Home Ph: _____ Cell Ph: _____ Work Ph: _____

Email: _____

Best time and number to contact you: _____

Oregon Driver's License Number & Expiration Date: _____

Do you have your own transportation? _____

Do you speak another language and, if so, what language(s)? _____

Tell us where you are currently 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).

Why do you want to be a Sexual Assault 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?
(i.e. police officer you feel is asking inappropriate questions or protocol that you disagree with)

Describe your experience working with diverse groups.

Describe any experience you have had working with law enforcement.

Have you ever had any involvement with police? For example: have you been arrested, detained or convicted? If yes, please explain. Have you been a victim of a crime? Please explain.

Within the past two years, have you experienced a profoundly traumatic event? Please explain the steps you've taken to integrate your experience in a way that won't hinder your ability to volunteer.

Can you commit to a minimum of 3 shifts a month and on-going trainings? _____

Do you have any barriers that would prevent you from meeting these expectations? .

- I understand that my position as an On-Call Sexual Assault Victim Advocate (SAVA) 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 a SAVA (A criminal conviction **may** affect your ability to act as a SAVA).
- I will report immediately to the SAVA 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 informed at the end of the training period whether or not I have successfully completed the course to become a 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: _____ Print Name: _____ Date: _____