



Please print and complete these application and background check forms. When finished, please mail to:

SARNCO-OhioHealth
1299 Olentangy River Road
Columbus, OH 43212

VOLUNTEER APPLICATION	
Name:	Date of Birth:
Address:	Home Phone:
City/ST/Zip:	Cell Phone or Pager Number:
Employer:	Business Phone:
Email Address:	
In case of emergency, notify – include name and phone number:	
How did you hear about volunteering for SARNCO?	
Please list any types of work or volunteer experiences you have had that are related to this program, and any volunteer experiences even if not related:	
Were these work and/or volunteer experiences good? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How long are you able to commit to volunteering with SARNCO?	
Please check the type(s) of volunteering you are interested in at SARNCO: <input type="checkbox"/> Hospital Advocate <input type="checkbox"/> DWAVE Hospital Advocate <input type="checkbox"/> Helpline Advocate <input type="checkbox"/> Education Advocate <input type="checkbox"/> Outreach Advocate <input type="checkbox"/> OSU Campus Advocate	
To the best of my knowledge, the information I have provided in this application is true. I understand that any misrepresentation by me in this application may be sufficient cause for cancellation of the application and/or separation from the program.	
Signature:	Date:
<i>Please complete and mail with your background check form in the envelope provided.</i>	



**Sexual Assault
Response Network
of Central Ohio**

OhioHealth

**Criminal Background Check
Authorization to Release Information**

I, _____ hereby authorize Protective Services or Human
(print full name)

Resources representative of OhioHealth bearing this release, or copy thereof, to obtain any information in your possession pertaining to my judicial records including but not limited to: arrest, conviction or other criminal records. I hereby release you, as the custodian of such records, or law enforcement agency, its officers, employees or related personnel; both individual and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization or any attempt to comply with it. Should there be any questions as to the validity of this release you may contact me as indicated below:

Date:	Signature:
Social Security Number:	Date of Birth:
Maiden or other name(s) used:	Race:
Present address:	
Dates lived at this address: _____ to _____	
Former address:	
Dates lived at this address: _____ to _____	
Former address:	
Dates lived at this address: _____ to _____	
Position applied for: VOLUNTEER	Department: SARNCO/GMC VOLUNTEER SERVICES

Please complete and mail with your application in the envelope provided.