Thank you for expressing an interest in volunteering with the OhioHealth Sexual Assault Response Network of Central Ohio (SARNCO). SARNCO’s primary volunteer opportunities are Helpline and Hospital Advocacy and volunteers are asked to be active in at least one of these areas.

**Volunteer Roles:**

+ **Helpline Advocate:** Provides emotional support, options and community referral information to survivors and co-survivors who call the 24-Hour Rape Helpline. Shifts are eight hours in length and Helpline Advocates answer the line from home.

+ **Hospital Advocate:** Provides emotional support, options and information to survivors while they are receiving care in hospital face-to-face emergency departments. Hospital Advocates schedule shifts that are four hours in length. Please note during the pandemic, SARNCO has shifted to Telephone and Hybrid model of video response.

+ **SARNCO-DWAVE Hospital Advocate:** SARNCO-DWAVE Hospital Advocates are fluent in American Sign Language. Through a collaborative effort with Deaf World Against Violence Everywhere (DWAVE), provides face-to-face emotional support, options and information to Deaf survivors while they are receiving care in hospital emergency departments.

*All volunteers participate in at least one community event per year to raise awareness about sexual violence prevention and SARNCO services.*

Please see the following page for information on volunteer training opportunities.
Volunteer training opportunities

SARNCO’s 40-hour Survivor Advocacy Training prepares volunteers to be Helpline, Hospital and SARNCO-DWAVE Hospital Advocates. We hold four training sessions each year and the 2023 dates are below. Applicants must complete all 40 hours of the Survivor Advocacy Training to be considered for a volunteer position.

The process of becoming a volunteer is a selective one that includes an application, interview, criminal background check and health assessment (TB test, flu vaccine and covid vaccine). There is no cost for any of these requirements. Due to the nature of this work, volunteers must be at least 18 years of age. Please complete the enclosed application and return it via email to SARNCO@OhioHealth.com, fax at (614) 566.6846 or mail to SARNCO-OhioHealth at 3830 Olentangy River Road, Columbus, Ohio 43214. We will contact you four to six weeks before the start of training to schedule an interview.

2023 Training Dates

Trainings are 8:00 a.m. to 6:00 p.m. Trainings denoted (*) are 6 to 9 p.m.

<table>
<thead>
<tr>
<th>Winter Training</th>
<th>Early Summer Training</th>
<th>Late Summer</th>
<th>Fall Training</th>
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</thead>
<tbody>
<tr>
<td>+ Saturday, February 11</td>
<td>+ Monday, June 5</td>
<td>+ Saturday, August 5</td>
<td>+ Saturday, October 14</td>
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<tr>
<td>+ Saturday, February 18</td>
<td>+ Tuesday, June 6</td>
<td>+ Sunday, August 6</td>
<td>+ Sunday, October 15</td>
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<tr>
<td>+ Saturday, February 25</td>
<td>+ Wednesday, June 7</td>
<td>+ Tuesday, August 8*</td>
<td>+ Saturday, October 21</td>
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<tr>
<td>+ Saturday, March 4</td>
<td>+ Thursday, June 8</td>
<td>+ Wednesday, August 9*</td>
<td>+ Sunday, October 22</td>
</tr>
<tr>
<td>+ Saturday, March 11</td>
<td>+ Friday, June 9</td>
<td>+ Thursday, August 10*</td>
<td>+ Saturday, October 28</td>
</tr>
</tbody>
</table>

Upon completion of training, those selected for volunteer positions can choose the primary type(s) of advocacy in which they would like to participate. Volunteers attend at least four in-services each year as part of their continuing education and to process and connect with other advocates on a regular basis. In-services are scheduled on weekday evenings and weekends throughout the year.

Volunteering at SARNCO can be a rewarding and fulfilling experience. We hope to have the opportunity to learn more about you and your interest in volunteering with our program, please contact us at (614) 788-4718 or SARNCO@OhioHealth.com with any questions.
Volunteer Application

Name ___________________________ Pronouns (she, he, they, etc.) _______ Date of Birth _________/_________/_________

Address ___________________________________________ Email __________________________

City ___________________________ State __________ Zip Code __________

Preferred Phone # ___________________________ Alternate Phone # ______________________

Emergency Contact (Name and Phone #) __________________________________________

How did you hear about volunteering for SARNCO? __________________________________

Please list your work/volunteer experiences related to this program, as well as unrelated volunteer experiences:
_________________________________________________________________________________
_________________________________________________________________________________

Which 40-hour training session are you able to attend?
☐ Winter (Feb./Mar 2023) ☐ Early Summer (June 2023) ☐ Late Summer (Aug. 2023) ☐ Fall (Oct. 2023)

For how long are you able to commit to volunteering with SARNCO? __________________________

Please check which primary Volunteer Position(s) best match your interests and skills Hospital
☐ Advocate ☐ DWAVE Hospital Advocate ☐ Helpline 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 __________________________

Return the application and the criminal background check form to SARNCO at 3820 Olentangy River Road, Columbus, Ohio 43214, fax at (614) 566.6846 or email at SARNCO@OhioHealth.com.
14322 – OhioHealth – Volunteer Information

Applicant’s Full Name ___________________________________ Social Security No. __________/________/________

Any Other Names Used ___________________________________ Date of Birth __________/________/________

Email Address ___________________________________ Provide if you prefer to receive info. via email.) City __

Current Address ___________________________________ City __

State __ Zip __________ Driver’s License State __________ D. L. No. __________

Address on D. L. ___________________________________

RN Volunteer Program Candidates Only:

Please provide any current professional licenses, certifications, or registries you may hold:

Name as it appears on license/Certification/Registry ___________________________________

Type __________ State/Region or Issuing Organization __________ Country __________ No. __________

Type __________ State/Region or Issuing Organization __________ Country __________ No. __________

*Before answering the question below, you MUST carefully read the following information:

Do not report any conviction which state law allows you to lawfully deny, as set forth in the state notices that you must review before answering. You are not required to disclose minor violations or infractions. A conviction will not necessarily be a bar to employment. This information will be used to determine if the conviction is related to the job sought. Factors such as age, severity, and nature of the offense(s), etc. will be considered. Failure to honestly respond may result in discontinued consideration or termination of employment. You confirm that you have read the state notices below and confirm that the information you provide is true and accurate.

Have you ever been convicted of, plead guilty, no contest or nolo contendere, to a misdemeanor or felony? If you answer “Yes,” you must provide details. Yes No

Offense ___________________________________ County __________ State __________ When __________

Offense ___________________________________ County __________ State __________ When __________

Please provide all locations where you have resided for the past seven (7) years, starting with your current residency. (Please attach a separate sheet of paper to provide additional entries.)

City ___________________________________ State ________ Date From __________ Date To __________

City ___________________________________ State ________ Date From __________ Date To __________

City ___________________________________ State ________ Date From __________ Date To __________

City ___________________________________ State ________ Date From __________ Date To __________
State Law Notices

California applicants or employees only: Please mark this field _________ to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

California applicants or employees only: A copy of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW is also being provided to you.

Colorado applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Connecticut applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Maryland applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Massachusetts applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, New Mexico 88310; 1 (888) 773.2432.

Minnesota applicants or employees only: You have the right to request a complete and accurate disclosure of the nature and scope of any consumer report from PreCheck, Inc, 3453 Las Palomas; Alamogordo, NM 88310; 1 (888) 773.2432.

Place an “X” here ________ for a disclosure to be sent to you. Place an “X” here ________ for a free copy of your consumer report to be sent to you.

Montana applicants or employees only: You have a right to request from Company disclosures of the nature, scope, and substance any investigative consumer report.

New Jersey applicants or employees only: The precise nature and scope of any investigative consumer report (which commonly includes information regarding your character, general reputation, personal characteristics, and mode of living) will be the same types of information described above. You have a right to have a copy of any investigative consumer report upon request from PreCheck, Inc, 3453 Las Palomas; Alamogordo, New Mexico 88310; 1 (888) 773.2432, precheck.com.

New York applicants or employees only: Company may request or utilize subsequent consumer reports (other than investigative consumer reports) on you throughout your employment. Upon request, you will be informed whether or not a consumer report was requested, and if such report was requested, informed of the name and address of the CRA that furnished the report. Upon written request, you will be informed whether or not an investigative consumer report was requested, and if such report was requested, the name and address of the CRA to whom the request was made. Your written request should be made to Company. Upon furnishing you with the name and address of the CRA, you will also be informed that you may inspect and receive a copy of such report by contacting that agency. Please mark this field to receive a copy of Article 23-A that will be presented once you complete this process: ___
State Law Notices

Oklahoma applicants or employees only: Mark an “X” here ___________ you would like to receive a free copy of your report.

Oregon applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Washington State applicants or employees only: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of any “investigative” consumer report we may have requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act. Any requests under this paragraph to the CRA should be made to PreCheck, Inc, 3453 Las Palomas; Alamogordo, New Mexico 88310; 1 (888) 773.2432, precheck.com. If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

Vermont applicants or employees only: If the Company obtains information bearing on your credit worthiness, credit standing or credit capacity, it will be because the information is substantially related to the job for which you are being considered/are currently occupying and to evaluate whether you would present an unacceptable risk of theft or other dishonest behavior in the job for which you are being considered/are currently occupying.

I have read and understand the above information and assert that all information provided by me is true and accurate. By signing below, I agree that my present employer may be contacted for verification of employment.

Signature ______________________________ Date ______________________

1 The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. This information is necessary for the proper processing of a consumer report.

Nevada Private Investigator License # 1618