

PORTAGE SEXUAL ASSAULT RESPONSE TEAM (SART) APPLICATION

Applicant Name:
Occupation and Title:
Phone Number:
Email:
Agency/Organization:
Organization Website:
Organization Type:

- I support the mission, vision, and core values of the Portage Sexual Assault Response Team (Portage SART).
- I commit to being an active and engaged member of the Portage SART; attending at least half of each year's meetings, using the best practices discussed when applicable and appropriate, and providing awareness to the community on the issue and impact of sexual assault.
- I commit to finding a replacement to attend meetings in my absence, on behalf of my agency/organization, if I am unable to attend or no longer wish to be involved in the Portage SART.
- I will respect the privacy of the individuals and cases discussed in the meetings.
- I understand it is of the utmost importance to ensure all matters discussed in meetings remain confidential and within the confines of this forum; unless expressly given permission to discuss outside of said venue.
- I further acknowledge failure to respect the privacy and confidentiality of the Portage SART may result in the termination of my membership, ability to attend meetings, and may have additional penalties beyond the control of the Portage SART.

Signature: _____ **Date:** _____

Completed applications should be returned to Arissa Shupe
(arissas@townhall2.com or c/o Townhall II, 155 N. Water St., Kent, Ohio 44240)

Board Use Only: Date of Application: _____ Approval: _____