



**Friends of Artemis Volunteer Application**  
**Artemis Center for Alternatives to Domestic Violence**  
**310 W. Monument Ave., Dayton, Ohio 45402**

Today's date: \_\_\_\_\_

Your birth date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am available to volunteer: (Please circle)

Day: Monday Tuesday Wednesday Thursday Friday Saturday

Times: \_\_\_\_\_ Date Available: \_\_\_\_\_

**I can share the following skills with Artemis (Please check):**

- |   |   |
|---|---|
| <input type="checkbox"/> Clerical (data entry, filing, copying, etc.) | <input type="checkbox"/> Fundraising/Special Events           |
| <input type="checkbox"/> Research (library and Internet)              | <input type="checkbox"/> Child Care                           |
| <input type="checkbox"/> Communications/Marketing                     | <input type="checkbox"/> Clinical/Direct Service with Clients |
| <input type="checkbox"/> Other  |   |

**I have volunteered for:** (Please list most recent volunteer position first)

Organization: \_\_\_\_\_

Volunteer work performed: \_\_\_\_\_

Organization: \_\_\_\_\_

Volunteer work performed: \_\_\_\_\_

How did you hear about Friends of Artemis Volunteer Program? \_\_\_\_\_

Why do you want to volunteer at Artemis? \_\_\_\_\_

Has Artemis Center ever served you?  Yes  No (If yes, please list last year of contact with Artemis or involvement in Artemis programs.) \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony stemming from an act of violence, abuse or child abuse, neglect or exploitation?  Yes  No

Have you ever been a victim of DV? \_\_\_\_ Yes \_\_\_\_ No (If yes, please elaborate including how long you have been safe)

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Do you have any previous experience or knowledge of DV? \_\_\_\_ Yes \_\_\_\_ No (If yes, please elaborate)

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**--Please See Other Side--**

Some volunteer opportunities require a background check. I agree to undergo a criminal background check, if requested, to volunteer at Artemis Center:

\_\_\_\_\_

(Applicant's Signature Required)

**References:**

Please list two references that Artemis Center may contact.

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contacts:**

In case of an emergency, Artemis staff must be able to contact your designated emergency contact(s). Please provide emergency contact information below.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Cell: \_\_\_\_\_

From time to time, providers of grants to Artemis Center request general information about the diversity of Artemis volunteers. If you wish, you may share with us how you identify yourself:

Native American    Asian or Pacific Islander    African-American (not of Hispanic origin)  
 Hispanic    White (not of Hispanic origin)    Alaska native    Other \_\_\_\_\_

I hereby attest to the accuracy of the information contained in this application:

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(Applicant's Signature Required)

*Please return application to: Volunteer Coordinator, Artemis Center, 310 W. Monument Ave., Dayton, Ohio 45402. If you have any questions please feel free to contact the Volunteer Coordinator at (937) 531-5710 or [jessicaf@artemiscenter.org](mailto:jessicaf@artemiscenter.org)  
Thank you for your interest in Artemis!*