

Artemis Center

Dayton's Domestic Violence Resource Agency

Phone: 937.461.5091

310 West Monument Ave.

Hotline 937.461.HELP (4357)

Dayton OH 45402

Friends of Artemis Volunteer Application

Today's date: _____

Your birth date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

Please check box if you would like to be added to our e-mailing list!

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)

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

--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:

(Applicant's Signature Required)

Please return application to: Development Department Volunteer Coordinator, Artemis Center, 310 W. Monument Ave., Dayton, Ohio 45402. If you have any questions please feel free to contact us at (937) 461-5091 or jessicaf@artemiscenter.org

Thank you for your interest in Artemis!