



Artemis Center Hotline Volunteer Application

We are accepting volunteers to help answer our 24/7 hotline phone. You will be thoroughly and competently trained by Artemis Center staff to provide support and referrals to our clients. After receiving your application, your application will be reviewed and, if applicable, Artemis will contact you to schedule an interview. Thank you for your interest!

Today's date: _____

Your birth date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

Best way to contact you: phone e-mail

This position is available for volunteers to answer our hotline from home Monday-Thursday (8:00pm-8:00am), weekends (6:00pm Friday-8:00am Monday) and holidays. *Hotline shifts may vary depending on your availability.* **I am available to volunteer:** (Please circle)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday Holidays

We ask that you observe our clinical staff as part of your training. Does your schedule allow for daytime training hours? Yes No

Start Date Available: _____

Do you have any clinical work or volunteer experience? Yes No

If yes:

Organization: _____

Work or volunteer duties performed: _____

How did you hear about this volunteer opportunity? _____

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

Do you have any previous experience or knowledge of DV? Yes No

I agree to undergo a criminal background check and/or an internal background check in Artemis Center's database to volunteer on Artemis Center's hotline

(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: Karen McQueary, Clinical Director, Artemis Center, 310 W. Monument Ave., Dayton, Ohio 45402.

CONFIDENTIALITY AGREEMENT

I, _____, do agree to maintain strict confidentiality of all client, staff and volunteers/interns of Artemis Center for Alternatives to Domestic Violence.

I agree to refrain from disclosing the names of clients, their personal information or case information to anyone outside the agency (i.e. any individual, attorney, another agency or organization) without first obtaining a written "Release of Information" from the person(s) involved and then only as appropriate with the scope of my work at Artemis.

I also agree to refrain from disclosing personal information regarding the agency's staff, volunteers and interns (such as addresses, phone numbers or last names) to anyone outside the agency without obtaining prior consent of the person(s) involved.

I agree to refrain from imposing my values, beliefs, and attitudes upon clients.

I agree to refrain from disclosing any information regarding the agency to anyone outside of the agency and outside of confidential meetings.

I agree to maintain these standards of confidentiality subsequent to any change in my status as an employee, volunteer or intern of Artemis Center for Alternatives to Domestic Violence.

Volunteer Signature

Date Signed

Volunteer Date of Birth

Artemis Employee Signature

Date Signed