

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-mail list!

I am available to volunteer: (Please circle)

Day: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Times: _____ Start Date Available: _____

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

Clerical (data entry, filing, copying, etc.)

Fundraising/Special Events

Research (library and Internet)

Child Care

Communications/Marketing

Clinical/Direct Service with Clients

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)

Some volunteer opportunities require a background check. I agree to undergo a criminal background check and/or an internal background check in Artemis Center's database, 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) 531-5710 or andrea@artemiscenter.org

Thank you for your interest in volunteering with Artemis!

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