



# Victims of Violence Intervention Program, Inc.

## Artemis House

PO Box 486, Spearfish, SD 57783, 605-642-7825

### Volunteer Application

#### General Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Application \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you a United States Citizen?

- Yes
- No

If no, are you authorized to work in the United States?

- Yes
- No

Have you ever been convicted of a felony or criminal offense?

- Yes
  - No
- Volunteers must consent to a background check.

May we contact your present employer?

- Yes
- No

Will you be able to maintain confidentiality regarding the Artemis House Shelter and clients served?

- Yes
- No

Education – Please indicate highest level of completion.

- High School/GED
- College/University
- \_\_\_\_\_ expected graduation date
- Professional/Technical
- Post Graduate

Major Field of Study \_\_\_\_\_

Please check the volunteer duties that interest you.

- Grounds keeping/ maintenance of shelter
- Cleaning/organizing in shelter
- Fundraising/ special events
- Child activities and care in shelter
- Assisting clients moving
- Outreach and Education

#### Employment/Volunteer Information: Begin with your most recent employment.

	Present/Most Recent Employer:	Previously Employed By:	Previously Employed By:
Name of Organization			
Supervisor			
Nature of Business			
Dates of Employment			
Position Held			
Supervisor Contact Info			
Reason for Leaving			

#### References: List two individuals (one professional and one personal)

Name	Phone Number/email	Title/Place of Employment/Relationship

**Additional Information:**

How did you hear about the Artemis House?

Please summarize special skills and qualifications you possess that would benefit the organization.

Please List available time/days of week for volunteering:

**Waiver of Truth and Permission for Investigation**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize the staff of Artemis House to make such investigations and inquiries of my personal, employment, financial, medical or criminal history and other related matters as may be necessary in arriving at a volunteer decision. I hereby release employers, institutions of learning or persons from all liability in responding to inquiries in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of Artemis House.

**Volunteer Application Disclaimer and Acknowledgement**

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any of the persons and organizations listed in this application to give you any and all information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. In consideration of my employment, I agree to conform to the rules and regulations of the organization. I acknowledge that rules may be changed, withdrawn, added or interpreted at any time, at the organization's sole option and without prior notice to me. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to promise any other personnel action, either before or after I accept employment, or to guarantee any benefits or terms or conditions of employment or to make any other agreement which is contrary to this agreement. I have read and understand this agreement.

**Confidentiality & Conduct Pledge**

I understand that individuals using the programs and services of Artemis House are often involved in emotional, dangerous, or crisis situations, and may have suffered multiple forms of abuse. I realize the need for these individuals to be safe and in caring relationships that are free from fear of careless information sharing. I agree to maintain a relationship of trust and privacy with all Artemis House clients. I agree to not divulge verbal or written information about clients, their situation, family, etc. to any individual or agency outside Artemis House. I will only disclose knowledge/information regarding Artemis House clients upon a signed Release of Information form from a client or by subpoena. I also agree to conduct myself in a professional, responsible, and respectful manner in regard to fellow Artemis House employees, volunteers, and Board of Director members, keeping operation and business information within the confines of the agency. I also agree to do nothing that would reflect negatively on Artemis House or harm its reputation. For cause, Artemis House reserves the right to immediately terminate this agreement.

By signing below, I am accepting the responsibilities involved with the aforementioned (*Waiver of Truth and Permission for Investigation, Job Application Disclaimer and Acknowledgement, and Confidentiality and Conduct Pledge*) and understand that behavior to the contrary will result in consequences that include progressive disciplinary action.

Signature

Date

**For Office Use Only**

Hired

- Yes
- No

Starting Date \_\_\_\_\_