

HEART of the CUMBERLAND

Volunteer Application



Contact Information (Please Print)				Date:	
Last Name			First Name		MI
Date of Birth		Age	Gender		Race
Address					
City			State	Zip Code	
Primary Phone			Cell		
E-mail address			SSN:		
Emergency Contact					
Name		Relationship		Phone	
Employment Information					
Occupation			Title		
Employer			Work Phone		
Employment Experience					
Volunteer Experience					
<p>I would like to volunteer to facilitate a group:</p> <p><input type="checkbox"/> In School (List School Preference) _____</p> <p><input type="checkbox"/> At Heart of the Cumberland</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Bereavement ~ Tuesday Evenings <input type="checkbox"/> Divorce ~ Thursday Evenings </p> <p>I would like to facilitate a group: <input type="checkbox"/> Weekly <input type="checkbox"/> As a substitute</p> <p>Circle age preference: 4-6 7-9 10-12 Teen Adult</p> <p>I am available to facilitate on days and times listed: _____</p> <p>I would like to volunteer my skills in:</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Office Support <input type="checkbox"/> Computer Skills <input type="checkbox"/> Administrative/ Clerical <input type="checkbox"/> Events </p> <p style="padding-left: 40px;"> <input type="checkbox"/> Publicity <input type="checkbox"/> Media <input type="checkbox"/> Accounting <input type="checkbox"/> Legal </p> <p>I am available to volunteer on days and times listed: _____</p>					
<i>Continued on the back</i>					

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Testimony

Policies & Procedures Acknowledgement and Agreement

I acknowledge by my signature below that I have read, understand, and agree with the policies and procedures of Heart of the Cumberland contained in the volunteer handbook, including but not limited to, the statement of faith, privacy/confidentiality policy, and suspected child abuse reporting.

Volunteer Signature

Date

Background Check Authorization

The information provided is true to the best of my knowledge and belief. I understand and agree that all information furnished may be verified. I hereby acknowledge that I have been informed that Heart of the Cumberland will seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, and criminal convictions or arrest records, in order to assist in completing a thorough background investigation. I further acknowledge that reports may be provided to Heart of the Cumberland by other firms subcontracted for that purpose. I, my heirs, assignees, and legal representatives, hereby release and fully discharge Heart of the Cumberland, respective officers, directors, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations.

Volunteer Signature

Date