

**Volunteer Application:**

**Hope for Healing.Org  
153 Broadway Blvd. #113  
Jefferson City, TN 37760  
865.933.8769**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ URL \_\_\_\_\_

Birth date: (Optional- It's so we can send a card.) \_\_\_\_\_

Are you a: Survivor\_\_\_\_ Friend\_\_\_\_ Family \_\_\_\_ Spouse\_\_\_\_ Clergy\_\_\_\_

Are you: Female\_\_\_\_\_ Male\_\_\_\_\_

(General Questions: Please use additional sheets of paper if necessary.)

**Why do you want to volunteer?**

**What do you hope to get out of volunteering?**

**What special skills do you have?**

**What do you see as your role with Hope for Healing.Org?**

**How do you feel we can best support you in your role?**

**Required Attachments:**

- Please attach 2 letters of reference from people who have worked or volunteered with you. You may include instructors but not family members. Please include phone numbers and addresses.
- Please attach a copy of current driver's license or student ID. *If you do not wish to send this through mail or email please contact us to work something out.*

**In what areas would you like to help?**

Add-A-Link Area	Fundraising	eBay/Mission Fish Store
Board Membership	FAQ/Guestbook	Clergy Training
Chat Moderator	Hope Quilt	Spanish Translation
Crisis Center Listing	Lending Library	Steps to Healing Groups
Email Help	Newsletter Staff	Webring Maintenance
Events	Outreach	

If you are volunteering for a class or group where you need credit for hours volunteered please provide that contact information below. (May also count as a reference :)

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**Read Below:**

*By signing below I give my permission to check the references I have listed and verify that in answering the above questions I have provided truthful and accurate information. I further state that I have never been involved in any acts of abuse towards another person or animal. I certify that I have no criminal record, have never been convicted of being a domestic violence offender, child abuse or crimes of a sexual nature or a felony. I have never been required or asked to register with any sexual offender registry. I further state that I will maintain confidentiality to the fullest extent provided by law and agree to attend training as required to volunteer in my selected capacity.*

Signed by \_\_\_\_\_

Date: \_\_\_\_\_

**If under 18 the application must be signed by a parent or guardian:**

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

From time to time Hope for Healing.Org will mail newsletters or cards. If you would prefer not to receive them check here: \_\_\_\_\_ To sign up for our newsletter visit our website.

Privacy Statement: As always Hope for Healing.Org will never sell or share your email address or personal information with anyone else without your consent. Your privacy is protected to the fullest extent of the law.