



Volunteer Application Form

Please complete all areas of application and mail to
 979 E. 3rd Street , Suite C-232 Chattanooga, TN 37403
 or fax to 615.439.1620

GENERAL INFORMATION

First Name: _____

Last Name: _____

Nickname: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Number: _____

Email Address: _____

T-Shirt Size: _____

AVAILABILITY

	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROFESSIONAL SKILLS and/or SPECIAL ABILITIES

- | | | |
|--|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Artistic Abilities | <input type="checkbox"/> Clerical/Office |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Photography | <input type="checkbox"/> Writing |
| <input type="checkbox"/> People Skills | <input type="checkbox"/> CPR/First Aid | <input type="checkbox"/> Education |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Computer (IT) | <input type="checkbox"/> Public Speaker |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Foreign Language |
| <input type="checkbox"/> Working w/ Children | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Law |
| <input type="checkbox"/> Editing/Proof reading | <input type="checkbox"/> Maintenance/Repair | <input type="checkbox"/> Chef/Catering |
| <input type="checkbox"/> Fundraising & Development | | |

OCCUPATION

Employer: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

Evening Phone: _____

PERSONAL REFERENCES

1. First Name: _____ Last Name: _____

City: _____ State: _____

Daytime Phone: _____

Email Address: _____

Relationship: _____

2. First Name: _____ Last Name: _____

City: _____ State: _____

Daytime Phone: _____

Email Address: _____

Relationship: _____

BACKGROUND CHECK INFORMATION

I certify that the information in this Volunteer Application is true, correct and complete to the best of my knowledge. I authorize the Austin Hatcher Foundation to verify any and all information I provided by contacting appropriate sources. I understand that for the protection of visitors, volunteers and staff, all adults (age 18 and up) must voluntarily authorize a background check and I hereby authorize such background check.

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to volunteer my services for the Austin Hatcher Foundation and receiving the benefits of such volunteer services, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless the Austin Hatcher Foundation, its directors, officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

VOLUNTEER CONFIDENTIALITY AGREEMENT

I recognize that as a volunteer for the Austin Hatcher Foundation, a Tennessee based 501c-3 corporation, I may have access to confidential information concerning patients, its guests, customers, agents, employees, volunteers or representatives. In consideration of any volunteer status with the Austin Hatcher Foundation, I agree I will not at any time, during or after volunteering for the Austin Hatcher Foundation, divulge or reveal to any person, firm, or corporation, any information (including, but not limited to, personal or financial information or customer lists), directly or indirectly, which might in any way be used to injure or interfere with the business or mission of the Austin Hatcher Foundation, or to alienate guests, customers, agents, employees, volunteers or representatives from the Austin Hatcher Foundation or to cause discontent or dissatisfaction among any such persons.

I agree that should I have any questions as to the propriety of release of any information, I will request clearance from the Austin Hatcher Foundation prior to releasing such information.

BY CHECKING THE FOLLOWING "I AGREE" BOX, I UNDERSTAND THAT I AM INDICATING MY AGREEMENT WITH THE TERMS OF ALL THREE PRECEDING SECTIONS. I AGREE

Volunteer Signature: _____ *Date:* _____