

Volunteer Application

As part of the volunteer program at New Hope, we require background and reference checks, in addition to 9 hours of orientation training prior to beginning at the Center. This extensive process is to ensure a clear understanding of our mission as well as the safety and well-being of clients and volunteers alike. If you have not already done so, please visit our website to learn more about New Hope before submitting this application www.blountkids.org. If you have any questions or concerns, please contact Danielle Reggio at 865-981-2000 or via email at dreggio@blountkids.org. We look forward to having you as a volunteer!

Name _____ Date _____

Phone _____

Address _____

How Long? _____ If less than 3 years, please complete:

Previous Address _____

Email Address _____

Emergency Contact _____
Name Relationship Phone Number

Marital Status _____ Name of Spouse _____

Name of Persons Living in Your Home (include date of birth and gender):

Availability:

How did you hear about our program?

Briefly explain why you wish to volunteer with us?



Is there anything you feel would be important for us to know about you before joining our volunteer program?

Highest Level of Education Completed:

High School: 1 2 3 4

College: 1 2 3 4 Degree, if any _____

Graduate School: 1 2 3 4 Degree, if any _____

Other Education, if any _____

Criminal History:

Have you ever been the subject of a child abuse investigation? Yes _____ No _____

If you answered yes, please explain:

Have you ever been arrested? Yes _____ No _____

If yes, please explain the circumstances:

Have you been charged with a crime or prosecuted for a crime? Yes _____ No _____

If yes, please explain:

Brief Employment History:

Employer: _____ Employer: _____

Dates: _____ Dates: _____

Employer: _____ Employer: _____

Dates: _____ Dates: _____

Please list any training/ activities which would be helpful in your role as a volunteer at the Center:

Date: _____

Date: _____

Date: _____

Date: _____

Do you drive? _____ Do you have liability insurance? _____

Please provide 3 references (include full addresses):

Name: _____ Phone: _____

Address: _____



Email: _____

Name: _____ Phone: _____

Address: _____

Email: _____

Name: _____ Phone: _____

Address: _____

Email: _____