

## Bethlehem Centers of Nashville Volunteer Application

Please answer all questions completely and accurately. All information provided will be kept confidential. By completing this form, you consent to a criminal background check. Falsification or misrepresentation of information results in non-approval.

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Employer/Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Date of Birth (M/D/YEAR): \_\_\_\_\_ Social Security Number \_\_\_\_\_

Would you like to be added to our email mailing list?      Yes      No

Emergency Contact Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Do you have any allergies or pre-existing conditions we need to be aware of? \_\_\_\_\_

We are required to conduct a background check on all volunteer applicants (Please provide SS# above).  
Have you ever been convicted of a crime, or have criminal charges pending against you? List date and offense:

\_\_\_\_\_

### I am interested in the following volunteer opportunities (please check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Tutoring   | <input type="checkbox"/> Senior Hot Lunch Delivery          |
| <input type="checkbox"/> Fundraising/ Development   | <input type="checkbox"/> Administrative Tasks i.e. mailings |
| <input type="checkbox"/> Big Brother/Sister (Mentoring)   | <input type="checkbox"/> Family Resource Center events      |
| <input type="checkbox"/> Senior Citizen Companion Visits  |   |
| <input type="checkbox"/> Child Literacy/Shared Reading Program  |   |
| <input type="checkbox"/> Annual one day events such as Summer Olympics concessions, Summer Camp, Christmas activities |   |
| <input type="checkbox"/> Administration Area Receptionist   |   |
| <input type="checkbox"/> Christmas Toy Store!   |   |
| <input type="checkbox"/> Landscaping/Maintenance  | <input type="checkbox"/> Other: _____                       |

Days/Hours available: \_\_\_\_\_

I would describe my interest in the following ways (please check all that apply):

- I would prefer to volunteer in only the areas checked.  
 I am completely flexible- put me anywhere!  
 I need \_\_\_\_\_ service hours for school or work.  
 I am interested in a long-term, weekly commitment.  
 I am interested in one-time or periodic service.

Your signature here denotes consent to have your likeness and/or image used in Bethlehem Centers of Nashville promotional tools such as Facebook and our website. \_\_\_\_\_

Please return this form to:  
Bethlehem Centers of Nashville  
1417 Charlotte Avenue  
Nashville, TN 37203  
(615) 329-3386 ext. 222

For more information, please visit: [www.bethlehemcenters.org](http://www.bethlehemcenters.org)

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED \_\_\_\_\_

INITIAL \_\_\_\_\_

DATE PROSPECTIVE VOLUNTEER BACKGROUND CHECKED \_\_\_\_\_

INITIAL \_\_\_\_\_

DATE PROSPECTIVE VOLUNTEER CONTACTED \_\_\_\_\_

INITIAL \_\_\_\_\_

INITIAL VOLUNTEER WORK DATE \_\_\_\_\_

PROGRAM or DEPARTMENT VOLUNTEER ASSIGNED TO \_\_\_\_\_

HOURS VOLUNTEERED \_\_\_\_\_

VOLUNTEER SERVICE ACKNOWLEDGEMENT \_\_\_\_\_

INITIAL \_\_\_\_\_

DEPARTMENTAL ORIENTATION \_\_\_\_\_

INITIAL \_\_\_\_\_

GROUP, CHURCH, CIVIC ORGANIZATION \_\_\_\_\_