



Volunteer/Intern Application

Personal Information:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____

Emergency Contact Name: _____ Relationship: _____ Phone: _____

What are your interests?

___ Assist in the Nursing Program with the Children ___ Office Work ___ Summer Camp ___ Special Events

___ Maintenance & Repair ___ Other _____

Skills/Abilities:

Are you filling a service requirement? ___ How many hours do you need? ___ Completed by what date? _____

When is your availability?

_____ My schedule is flexible. Call as needed.

Monday _____ Thursday _____

Tuesday _____ Friday _____

Wednesday _____ Weekend _____

Please complete the back side of this application also.

_____ If the weather is in question, check Nashville WSMV Channel 4, The Special Kids Website, or
(Initial) Special Kids Facebook page to see if Special Kids will be delayed or closed.

_____ A Special Kids name tag must be worn at all times while in a Special Kids building. If you
(Initial) forget your individual tag, one will be provided for you at the front desk.

_____ Sign the visitor binder when arriving and exiting the building each time.
(Initial)

I certify that the information filled out on this form is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information on this form of relating to my volunteer application may result in my denial of volunteer work or my immediate dismissal.

I hereby authorize Special Kids and /or its agents to confirm all statements contained in this application to the extent permitted by federal, state, or local law. I release all parties from any liability arising out of this provision and the use of such information.

Signature

Date

Parent/Guardian Signature (if under 18)

Date

If you have any questions you can call Special Kids at 615-893-4892. When this form is completed, you can bring it in to Special Kids at 2132 East Main Street, email it to tlaubacher@specialkidstn.com, or fax it to 615-893-4923.

For Office Use only:

_____ Confidentiality Pledge

_____ Liability Form

_____ Orientation Form

_____ Drivers License

_____ Student ID

_____ Background check

_____ Computer check

_____ TB Test

- Month taken _____
- Results _____

Camp Ability availability

Session 1 June

Session 2 July