



## Volunteer Application

Please complete:

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

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

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

Telephone(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Person to Notify/Contact in Case of Emergency: \_\_\_\_\_

Emergency Contact Information: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please list your previous work experience. (Please list paid and volunteer experience):

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Why do you want to become a volunteer with LifeLine, Inc.? Is there something about what we do that prompted you to ask to join us?

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Are you looking for internship credit, service or volunteer hours for a project/school, etc., long or short term missions project? Please share details.

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What is your greatest strength?

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What is your greatest weakness?

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Some of LifeLine's project are group projects. Do you prefer working with others or by yourself? Please explain.

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Do you prefer working in a small group or larger group? Please explain.

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Please describe any special training, gifts, skills, talents, or interests that you have. (If you have an occupation that will be beneficial to supporting LifeLine, please share that here.)

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How long have you lived in the Chattanooga area? \_\_\_\_\_

Have you worked with children/families affected by special educational or healthcare needs before? If so, what has been your experience?

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Are there specific diagnoses/situations/circumstances with which you are the most acquainted/have the most experience?

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Please list days/times you are available:

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I, the undersigned, do hereby give permission to release any and all information regarding any past or present criminal history to LifeLine in the completion of a background check.

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Signature

Date

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*For Office Use Only*

*Application Received:* \_\_\_\_\_ *Interviewed:* \_\_\_\_\_

*Applicant Accepted:* \_\_\_\_\_ *Denied:* \_\_\_\_\_

*If denied, reason:* \_\_\_\_\_

*(Attach background check results)*



VOLUNTEER AGREEMENT

I understand that, as a volunteer of LifeLine, Inc., I am subject to a code of ethics similar to that which bind the professionals in the field of healthcare and special education (HIPPA/FERPA). I will keep confidential matters private. I promise that I will not divulge any information that I may hear or see concerning the families to whom or with whom I serve as a volunteer of LifeLine, Inc.

I also understand that volunteering in any LifeLine program is a privilege and not a right. The LifeLine Board of Directors and/or the Executive Director reserves the right to deny or remove any volunteer violating confidentiality or any organizational policy.

Upon completion of my orientation and training as a volunteer, I promise to contribute a minimum of \_\_\_\_\_ hours in my assigned work area.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list two persons not related to you who will serve as personal references.

1) \_\_\_\_\_  
Name Telephone  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
E-mail

2) \_\_\_\_\_  
Name Telephone  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
E-mail

Please return completed application and copy of your driver's license to LifeLine's Volunteer Services Coordinator. Applications may be returned by US Mail, or scanned forms/copies may be emailed to [Lisa.Mattheiss@LifeLineFamilies.org](mailto:Lisa.Mattheiss@LifeLineFamilies.org)

**LifeLine, Inc.**  
Volunteer Services Coordinator  
1400 McCallie Avenue Suite 112  
Chattanooga, TN 37404  
[www.LifeLineFamilies.org](http://www.LifeLineFamilies.org)