



Our Mission: Insight Counseling Centers exists to restore lives to wholeness – mentally, emotionally and spiritually.

Thank you for your interest in volunteering at Insight Counseling Centers. When you have completed this application, please send to: info@insightcenters.org

VOLUNTEER APPLICATION

Name _____

Address _____

City _____ State _____ Zip _____

Phone: Cell _____ Home _____ Work _____

Email _____

In case of emergency contact: Name _____

Relationship _____ Phone _____

Birth Date: (M/D/Y) _____ Working _____ Retired _____

How did you hear about Insight Counseling Centers?

Connections to Our Supporters: Insight enjoys the support of several religious organizations and corporations in Middle Tennessee. Your connection to one of them might be of great help. (response optional)

If applicable, what is your faith community?

If you currently work, where do you work?

Previous Volunteer Experience: Have you volunteered before? Yes No

If yes, where have you volunteered?

What did you like best about your volunteer experience?

Volunteering at Insight Counseling Centers:

What inspires you to volunteer at Insight?

What special skills or talents do you possess that you would like to use as a volunteer?

Availability: Select the days and times you are most likely to be available:

Monday: Morning _____ Afternoon _____ Evening _____

Tuesday: Morning _____ Afternoon _____ Evening _____

Wednesday: Morning _____ Afternoon _____ Evening _____

Thursday: Morning _____ Afternoon _____ Evening _____

Friday: Morning _____ Afternoon _____ Evening _____

Weekends _____

Position: Please select the volunteer opportunities for which you are applying.

Volunteer Intake Practitioner (VIP)

Advisory Council

Marketing & Communications

Finance

Special Events

Office Assistance

Applicant Statement:

I understand that Insight reserves the right to screen and select volunteers based on aptitude and needs, as well as to determine all volunteer placements and volunteer assignments. I affirm that the information I have provided is true and complete to the best of my knowledge. I understand that a background check, reference checks, and drug screening may be performed, and I give my permission for them.

Signature _____ **Date** _____

SSN _____

References:

1. Name _____ Relationship _____

Phone _____ Email _____

2. Name _____ Relationship _____

Phone _____ Email _____