



SOPHIA'S HEART FOUNDATION

## Volunteer Application

**Thank you for your interest in volunteering!** Please complete the following application and send or deliver to one of the following addresses. We cannot accept applications via email due to privacy policy protection.

**By mail:**

Sophia's Heart Foundation  
ATTN: Volunteer Coordinator  
P.O. Box 8127  
Hermitage, TN 37076-8127

**By Fax:**

ATTN: Volunteer Coordinator  
(615) 843-0564

Once you submit the completed application, your forms will be processed and you will be contacted by the Volunteer Coordinator. Please note that a phone or in-person interview with one or more of our staff members may be required.

If you have any questions regarding the status of your application, please call the Volunteer Coordinator at (800) 595-6269 or email [info@sophiasheart.org](mailto:info@sophiasheart.org).

**NOTE:** *The minimum age for Volunteer applicant is 14. We can not make any exceptions. All applicants under the age of 18 years, must have parental consent. All persons applying to serve as a volunteer at Sophia's Heart Foundation must fully complete and submit the Volunteer Application. No partial applications will be accepted.*





## SOPHIA'S HEART FOUNDATION

There are many opportunities to volunteer at Sophia's Heart Foundation. Please identify the area(s) of service you are interested in assisting. Only select those that you are interested in and rate those appropriately. (Rate 1 – Most Interested, 2 – Interested, and 3 – Willing, If Needed) You can pick more than 3 items.

### General Support

- Make phone calls to gather information, inform organizations of upcoming events, etc.
- Make thank you calls or reply voice mails to donors
- Write thank you notes to donors
- Return emails and answer questions by using our stand email instructions
- Graphic design for printed materials or website (Experience is required)
- Information Technology supporting (Experience is required)
- Write News Releases for Media Outlets
- General research for managers
- Mailing or packing services
- On-line sale services
- In-house Inventory control
- Data entry by using Excel file, Word or database programs (Basic computer skills are required)
- Other support, please list in here: \_\_\_\_\_

### Event Support

- Pick up and ship supplies for upcoming events
- Assist in Event planning and coordination
- Merchandise sales
- Inventory control
- Donation collection
- Check in
- Food or drink services (Kraft Services)
- Volunteer Orientations
- Event preparation – follow the instructions from Event Coordinator
- Other support please list in here: \_\_\_\_\_

### Music and Art Center

- Teachers, please provide the specific area: \_\_\_\_\_
- Facility, lights, utility, cleaning, handyman services, etc.
- Bus driver (need CDL or bus driver license)
- Performance Event Coordination
- Stage design
- Sound Engineer
- Light Engineer
- Other support please list in here: \_\_\_\_\_



**SOPHIA'S HEART FOUNDATION**

What specific talents/assets would you like to bring to Sophia's Heart Foundation?

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What do you expect to gain from your volunteer experience?

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**If you are a student:**

School: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Guardian Phone #: (\_\_\_\_) \_\_\_\_\_

**Criminal Record:**

All volunteers must successfully complete and pass a background and criminal check before providing services at Sophia's Heart Foundation.

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain:

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Please complete this form by reading and signing the following two pages, including:

Non Disclosure Agreement

Background Investigation Consent Form

If you are under 18 years of age, please fill out the Parental Consent Form.

Two reference letters when requested.



## SOPHIA'S HEART FOUNDATION

### Non Disclosure Agreement

**NOTE:** Group Applicants must submit a signed copy of the Non Disclosure Agreement for each person in the group.

As a volunteer, I hold in high esteem the right of Sophia's Heart Foundation's clients and employees to the Protection of Privacy. By signing this document, I am agreeing to keep all information about the clients and employees of Sophia's Heart Foundation. I agree to:

During the course of the relationship between \_\_\_\_\_ (Signatory) and Sophia's Heart Foundation (The Company), each party may disclose to the other, or either party may otherwise receive through its connection with the other, Confidential Information, either directly by verbal, written or electronic communications, or indirectly by permitting employees or associates or agents of the party to observe various operations, processes, strategies or methods conducted or used by the other party. Disclosures made by a party (the "Disclosing Party") will be made upon the basis of the confidential relationship between Signatory and The Company and upon each party's agreement that, unless specifically authorized in writing by the other party, the party receiving the Confidential Information (the "Receiving Party") will:

- I. not be used for any other purpose other than the evaluation, or continuation of, a business relationship between The Company and Signatory;
- II. not disclose any portion of any Confidential Information to any person except those employees or representatives of the Receiving Party with a need to know such Confidential Information for purposes of the business relationship with the Disclosing Party;
- III. advise each such employee or representative before he or she receives direct or indirect access to such Confidential Information of the obligations of the Receiving Party under this Agreement, and ensure that each such person to whom Confidential Information is thus disclosed is aware of this confidentiality agreement which extends the Receiving Party's obligations hereunder to such person;
- IV. Take strict precautions, at a minimum those as the Receiving Party affords its own confidential information of a similar nature, to safeguard and protect from direct or indirect disclosure to any other person or entity all Confidential Information disclosed by the Disclosing Party to, or otherwise received by, the Receiving Party; and
- V. Upon the request of the Disclosing Party, immediately return to the Disclosing Party, or destroy, all tangible materials concerning Confidential Information, including but not limited to memoranda, notes, reports, agreements, documents, drawings, hardware, disks and tapes, as well as all copies or extracts thereof, whether such material was made or compiled by the Receiving Party or furnished by the Disclosing Party.

I have read and understand the Confidentiality Agreement as presented above and agree to adhere to the guidelines set forth. Additionally, I am aware that certain information pertaining to internal matters of the agency should be maintained confidential. Sharing about agency policies, newsworthy issues, and other sensitive information should be done with concern for the welfare of the agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



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## Background Investigation Consent Form

**NOTE:** This form must be completed by all applicants prior to engagement at Sophia's Heart Foundation.

I, \_\_\_\_\_, hereby authorize Sophia's Heart Foundation and/or its agents, to make independent investigation of my background, references, character, credit history, criminal or police records, including those maintained by both public and private organizations and all public records to include sexual offender and abuse registry for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for serving as a volunteer/intern now and, if applicable, during the tenure of my service with Sophia's Heart Foundation. I understand that should there be any such activity Sophia's Heart Foundation has the right to deny my application.

I understand that my driving record will also be obtained as a part of this inquiry.

I, hereby, release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information pertaining to me. I understand that I may request a complete and accurate disclosure of the information obtained.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed name as it appears of your Driver's License: \_\_\_\_\_

Maiden Name (If Applicable) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License # \_\_\_\_\_ Issued State \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

List the Addresses, Cities and States in which you have resided for the previous 10 years:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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## Parental Consent Form

*NO ONE UNDER 18 YEARS OF AGE WILL BE PERMITTED TO VOLUNTEER AT SOPHIA'S HEART FOUNDATION WITHOUT THIS COMPLETED FORM.*

NOTE: No one under 14 is permitted to volunteer at the Sophia's Heart Foundation.

### **PARENTAL CONSENT AND ACKNOWLEDGEMENT FORM**

We are delighted that your child is interested in volunteering at Sophia's Heart Foundation. It is of utmost concern that your child has a rewarding and positive experience while volunteering at Sophia's Heart Foundation.

I agree that this document certifies that I am the parent or guardian of \_\_\_\_\_ and hereby grant permission to the Sophia's Heart Foundation adult volunteers or employees to obtain medical care from any licensed physician, hospital, or medical clinic for the above named at such times deemed necessary for physical health purposes.

I hereby waive all claims against and agree not to sue Sophia's Heart Foundation, Inc., its officers, agents, employees and volunteers as a result of my child's participation in this volunteer activity or any claim arising from injury of the child in the execution of the above actions.

\_\_\_\_\_  
Participant's Name (Please Print)

\_\_\_\_\_  
Parent or Guardian Name (Please Print)

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date