



Possibility Place

**Believe Team Volunteer Application**

The "Believe Team" is the name of our volunteer team...men and women from the community who are interested in helping our wonderful adults be all they can be. All our volunteers need to believe these adults can achieve and succeed and be committed to helping them reach their goals.

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Full Address \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Home or Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Email address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Have you ever had experience working with special needs individuals? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Please list hours and days available. Possibility Place hours are from 8:30am-3:30pm, Monday-Friday.

Do you have any particular area that you are gifted in and would like to volunteer?

Field Trip Chaperone \_\_\_\_\_ Craft Leader or helper \_\_\_\_\_ Other \_\_\_\_\_

Work Skill Buddy \_\_\_\_\_ Exercise or game helper \_\_\_\_\_

Educational Assistant \_\_\_\_\_ Therapy Buddy \_\_\_\_\_

**Confidentiality Statement (to be signed by volunteer):**

Volunteers working with POSSIBILITY PLACE must be very cautious not to disclose any confidential information pertaining to any adult with special needs or their family.

Anyone working or volunteering with Possibility Place shall use continuous care to avoid disclosure of sensitive or confidential information to those outside of Possibility Place. This policy is only for staff and volunteers and does not impact disclosure that is required by law.

I agree to this confidentiality policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

When completed, email this form to Sonya Craig at [sonya.possibilityplace@gmail.com](mailto:sonya.possibilityplace@gmail.com)

-or- mail to: Possibility Place PO Box 332482 Murfreesboro, TN 37133