



AUSTIN HATCHER
FOUNDATION
for pediatric cancer

Volunteer Application



PLEASE COMPLETE ENTIRE VOLUNTEER APPLICATION

AND RETURN TO:

979 East 3rd Street

Suite C-232

Chattanooga, Tennessee 37403

PHONE: 423.243.3471

FAX: 615.439.1620

VISIT US ONLINE:

hatcherfoundation.org

hatchshouse.org

Circle One

PLEASE TYPE OR PRINT

Name (Dr. Mr. Mrs. Ms. Miss) _____
Last First

Address _____

City _____ State _____ Zip _____ County _____

Home Phone () _____ Business Phone () _____ Other _____

E-mail Address _____ Birth Date _____
Month Day Year (Optional)

Referred By _____

STUDENT VOLUNTEER

Are you a student of a High School College/University _____
Name of School

Will you be receiving academic credit for your work? YES NO What is your age? _____

PERSON TO NOTIFY IN EMERGENCY

Name _____ Relationship _____

Home Phone () _____ Business Phone () _____ Other _____

EMPLOYMENT / COMMUNITY INVOLVEMENT

Current Employer _____ Position _____

How long have you been with your current employer? _____

Address _____

City _____ State _____ Zip _____ Phone () _____

Do you belong to any social / civic organizations? YES NO If yes, Please List _____

SKILLS & INTERESTS: (Check All That Apply)

- Sales
- Data Entry
- Phone Calling
- Graphic Design
- Nurse
- Social Worker
- Grant Writing
- Law
- Cleaning Hatch's
- Fluent in Speaking non-English Language(s)
Language: _____
- Public Speaking
- Education
- Serving on Committees
 - Finance
 - Fundraising
 - Facilities & Property
 - Programs

I would be interested in volunteering at:

- Wine Tastings
- Kickin It for Kids
- Holidays at Hatch's
- Road Atlanta
- Kids Fest
- Golf Tournament
- Celebration of Life and Hope

REFERENCES (non-related)

Name _____ Phone Number (____) _____

Name _____ Phone Number (____) _____

Day(s) Available for Volunteering:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Mornings
- Afternoons
- Evenings

ADDITIONAL INFORMATION

State why you wish to become a volunteer at the Austin Hatcher Foundation and/or Hatch's House of Hope

Are there any factors, mental or physical, that would prevent you from performing certain types of work?

YES NO If yes, please explain: _____

Have you served as a volunteer before? YES NO If yes, Please specify where and when: _____

Volunteer Supervisor _____

Phone Number () _____ E-Mail Address _____

May we contact your volunteer supervisor for a reference? YES NO

Have you ever been convicted of a felony? YES NO If yes, please explain: _____

How did you learn of the Austin Hatcher Foundation Program

Austin Hatcher Foundation Volunteer Radio, TV Website
 Austin Hatcher Foundation staff Newspaper Other (specify) _____

BACKGROUND CHECK INFORMATION

I certify that the information in this Volunteer Application is true, correct and complete to the best of my knowledge. I authorize the Austin Hatcher Foundation to verify any and all information I provided by contacting appropriate sources. I understand that for the protection of visitors, volunteers and staff, all adults (age 18 and up) must voluntarily authorize a background check and I hereby authorize such background check.

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to volunteer my services for the Austin Hatcher Foundation and receiving the benefits of such volunteer services, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless the Austin Hatcher Foundation, its directors, officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

VOLUNTEER CONFIDENTIALITY AGREEMENT

I recognize that as a volunteer for the Austin Hatcher Foundation, a Tennessee based 501c-3 corporation, I may have access to confidential information concerning patients, its guests, customers, agents, employees, volunteers or representatives. In consideration of any volunteer status with the Austin Hatcher Foundation, I agree I will not at any time, during or after volunteering for the Austin Hatcher Foundation, divulge or reveal to any person, firm, or corporation, any information (including, but not limited to, personal or financial information or customer lists), directly or indirectly, which might in any way be used to injure or interfere with the business or mission of the Austin Hatcher Foundation, or to alienate guests, customers, agents, employees, volunteers or representatives from the Austin Hatcher Foundation or to cause discontent or dissatisfaction among any such persons.

I agree that should I have any questions as to the propriety of release of any information, I will request clearance from the Austin Hatcher Foundation prior to releasing such information.

I understand the importance of this volunteer commitment and have answered the application questions honestly and to the best of my knowledge. I give the Austin Hatcher Foundation permission to check the references I have listed.

Signature _____ Date _____

Parental consent for applicant under 18 years old.

Signature _____ Date _____

FOR OFFICE USE ONLY

Please Do Not Write In Shaded Area

Date Application Received _____

Exceed Input Date _____ B-Day _____

Volunteer Contact Date(s) _____

Exceed Number _____

Volunteer List Date _____ B-Day _____

References Called Date _____

Background Check Conducted _____

HIPPA trained _____