



Volunteer Application

Name: _____ Date: _____

Address: _____

Contact Number: _____ Email Address: _____

How did you hear about The Refuge Center for Counseling: _____

Have you volunteered with another agency? If yes, please describe where and what your role was:

How many days/hours per month are you interested in volunteering? _____

Which areas are you interested in? (please circle all that apply)

- Distribution of marketing materials
- Events
- Graphic/web design
- Film/video
- Administrative duties (copies, mailing, answering phones, etc.)
- Special projects
- Painting
- Office maintenance
- Child care
- Service on our Board of Directors or Partnership Council
- Other: _____

Do you have names of other volunteers that you would like to refer to us? Please list names and contact information: _____

Please list the name and contact information for one reference:

Name: _____ Contact Number: _____

Please return form to:

The Refuge Center for Counseling
103 Forrest Crossing Blvd., Suite 102, Franklin, TN 37064

Or email to: lisa.martin@therefugecenter.org