



TN Hope Line Volunteer Application Form

Name: _____

Address: _____ City _____ Zip _____

Email: _____

Cell Phone: _____

Church Membership: _____ City: _____

Association: _____

Shifts are three (3) hours long Monday through Friday:

- Morning Shift: 9:00 a.m. – 12:00 p.m. (Central) / 10:00 a.m. – 1:00 p.m. (Eastern)
- Afternoon Shift: 12:00 p.m. – 3:00 p.m. (Central) / 1:00 p.m. – 4:00 p.m. (Eastern)

Weekday 1st Preference: _____ Time 1st Preference: ___ Morning OR ___ Afternoon

Weekday 2nd Preference: _____ Time 2nd Preference: ___ Morning OR ___ Afternoon

Would you be interested in covering a shift if it falls on a holiday? Yes ___ No ___

If yes, which holiday(s)? _____

How often would you want to be scheduled to cover a shift? (i.e., weekly, every two weeks, monthly) _____

Have you completed a TBMB Volunteer Background Check Process within the past year? Yes ___ No ___

I am willing to complete a Volunteer Confidentiality Agreement and participate in Hope Line Training. Yes ___ No ___

Comments to help with scheduling: _____

Return Completed Form either by: email to Carrie Kidd at ckidd@tnbaptist.org, fax to Carrie's attention at 615-371-2014, or mail it to Carrie Kidd, TBMB, P.O. Box 682789, Franklin, TN 37068

If you have any questions about completing this form, please contact Carrie Kidd at ckidd@tnbaptist.org or 615-371-2025.

