



Brightsong[®] LLC

PEDIATRIC THERAPY & EDUCATION SERVICES

Student / Volunteer Information

Volunteer Name:		Date of Birth:	
Address:		Phone Number:	
Email:		Allergies:	
Dates Available:			
Special Skills:			

Emergency Contact Information

Name:		Phone Number:	
Address:		Cell Phone:	
Relationship:		Other:	

Photo Release

I give permission for photograph / videotape to be used for the purpose of treatment, education and documentation.	Yes	No
I give permission for photograph / videotape to be used for advertising, brochures, Facebook and/or website marketing.	Yes	No

Volunteer Handbook

I have read, understand and agree to abide by the policies and procedures listed in the Volunteer Handbook.

Signature

Date

Have you ever been convicted of a crime? (You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated or misdemeanors for which probation was completed and the case judicially dismissed). yes no

If yes, please explain: _____

If yes, was the conviction in Tennessee or another state? _____

Advisory: A background check will be completed to verify the responses to the above questions for the sole purpose of ensuring the safety of the children, team and other volunteers.

I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. In consideration of my volunteer application, I agree to adhere to the policies and procedures of Brightsong and understand that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by the Clinical Director of Brightsong.

Signature: _____

Date: _____

-----To Be Completed by the Brightsong Clinical Director -----

Background Check Completed By: _____

Pass

Did Not Pass

This applicant has been **accepted / denied** the position of Brightsong Student / Volunteer.

Signature of Supervisor: _____

Date: _____