



---

## **Volunteer Application**

---

### **Mission Statement**

Project Return provides a broad range of assistance and support to anyone with a juvenile or criminal record, aid in the transition from incarceration to the community to ensure a chance for success, and education to the community and clients that offenders are human beings first and offenders secondly.

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Best way to contact you:     Home Phone             Cell             Email

Employer: \_\_\_\_\_

Work experience: \_\_\_\_\_

Educational experience: \_\_\_\_\_

Why do you wish to volunteer with Project Return? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have experience working with offenders or the prison system?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Days available:  Monday  Tuesday  Wednesday  Thursday  Friday

Hours available: \_\_\_\_\_

Reference 1: \_\_\_\_\_ Telephone: \_\_\_\_\_

Reference 2: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Statement of Inclusiveness:** It is the policy and practice of Project Return, Inc. to provide equal employment opportunities to employees and applicants for employment. No person will be discriminated against because of race, religion, creed, color, sex, age, national origin, veteran status or disability. Each person will be judged on his or her own merit in determining employment and advancement opportunities.

The spirit of this policy also applies to persons served by the agency, to membership on the governing board, and to all committees and other volunteers.

**Confidentiality Policy:** Project Return, Inc. is an organization committed to meeting the needs of its clients. Accordingly, it is critical that all information regarding the agency's clients remain confidential. Lack of confidentiality is a violation of a client's rights and a violation of HIPAA, federal law that protects an individual's personal information.

I understand that as a volunteer of Project Return, Inc., I will be required to respect the confidentiality and right to privacy of all clients, as well as the agency.

\_\_\_\_\_  
Signature Date \_\_\_\_\_

\_\_\_\_\_  
Name (Please Print)

Project Return thanks you for your commitment to its community-inspired tradition, and looks forward to working with you. For questions, please contact Bobby Daniels at 615.327-9654 x 21 or [bobby@projectreturninc.org](mailto:bobby@projectreturninc.org)

**Why Does Project Return Exist?**

*To stop the waste of an ex-offender's lifetime and eliminate that cost to society.*

**Please return completed application to:**

Project Return, Inc.  
Attn: Bobby Daniels  
1200 Division Street, Suite 200  
Nashville, Tennessee 37203-4000  
Or Fax to 615.327.3881