VOICES

Metro Office of Family Safety

VOICES members are volunteers with lived experience of interpersonal violence, and who come together to celebrate strength and survival. They use their voices to support others through advocacy, education, and empowerment. VOICES requires all members are safe from ongoing violence, are not currently involved in court proceedings related to the violence and have actively participated in their healing process.

As survivors, VOICES members can offer a unique perspective regarding the community response to domestic violence and other interpersonal violence. Their contribution provides input into services and identifies gaps within the system.

Please return completed application to Walden Ferrell at WaldenFerrell@jisnashville.gov

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Full Name: _____

Preferred Name: _____ Pronouns (circle): she/her he/him they/them Other: _____

Contact Information

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Preferred method of contact: _____

I agree that other VOICES members may have access to my:

_____Email Address

_____Phone Number

What do you want to get out of the group?

_____

_____

I identify as a survivor of (Please check all that apply)**:**

_____ Domestic Violence
_____ Sexual Assault
_____ Human Trafficking
_____ Child Abuse
_____ Elder Abuse
_____ Stalking
_____ Family member of victim or survivor
_____ Other:

I am interested in:

_____Media (News, social media, newsletter)
_____Direct Client Outreach
_____Community Outreach
_____Consulting on FSC activities
_____Event Planning
_____Artistic/Visual Projects
_____Other:

Availability (Please check all that apply)**:**

_____ Morning (8-11am) _____ Afternoon (12-4pm) _____Evening (4-9pm)

_____Monday _____Tuesday _____Wednesday _____Thursday _____Friday
_____ Saturday _____ Sunday

Please flip to reverse to complete form.

Referral (select one):

_____I have a service provider (therapist, case manager, advocate, etc.) who can provide a reference for me, and I give permission for VOICES staff liaisons to contact this person.

Name of provider: _____

Email or phone: _____

_____I would like to complete a prospective member intake interview with OFS Staff Member.

Confidentiality

_____ I understand that maintaining client confidentiality is paramount to a client's safety.

_____ I agree to respect the privacy of ALL client information that I may see or hear as part of the VOICES group.

_____I will not publicly acknowledge a client without his/her express permission.

_____I will not share any information about fellow VOICES members without their expressed consent.

_____ _____

VOICES Member Signature Date

**_____I do not want my picture or name to be published on any social media or public website related to VOICES.

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