



**VOICES @ the Family Safety Center**  
 610 Murfreesboro Pike | Nashville, TN | 37210  
 615.880.1100 | [AmyDunning@jis.Nashville.org](mailto:AmyDunning@jis.Nashville.org)



**Metro Office of  
 Family Safety**

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

*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 make contact with this person.

*Name of provider:* \_\_\_\_\_

*Email or phone:* \_\_\_\_\_

\_\_\_\_\_ I would like to complete a prospective member intake interview with an FSC therapist.

**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.