



Please return completed application to Courtney Muller at CourtneyJMuller@jisnashville.gov

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 h	ave 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 al apply):	that I am interested in:
Domestic Violence	Media (News, Social Media, Newsletter)
Sexual Assault	Direct Client Outreach
Human Trafficking	Community Outreach
Child Abuse	Consulting on FSC activities
Elder Abuse	Event Planning
Stalking	Artistic/Visual Projects
Family member of victim or survi	vorOther:
Other:	
Availability (Please check all that apply):	
Morning (8-11am) Afte	rnoon (12-4pm)Evening (4-9pm)
MondayTuesday	WednesdayThursdayFriday
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 make contact with 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.

Date

VOICES Member Signature

**_____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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