



TENNESSEE
PERSON-CENTERED
MUSIC PROGRAM

Tennessee Person Centered Program Music Manager Application

Thank you for your interest in volunteering with the Tennessee Person-Centered Music Program. Volunteers play a vital role in helping improve the lives of older adults in nursing homes by creating personalized music playlists. The information you provide will be stored securely and confidentially. Only authorized staff will have access to your information.

SECTION I: Personal Information

Name _____

Address _____ City _____ State _____ Zip _____

County of Residence _____ Home Phone: _____ Cell Phone: _____

E-mail: _____

Volunteer Demographics: This information is not mandatory; however our funding source requires us to recruit and retain a diverse group of in-kind staff and volunteers. This information helps us complete reporting requirements.

Gender _____ Race/Ethnicity _____ Date of Birth _____

SECTION II: Volunteer/Work Experience

Occupation (Past occupation if retired)

Previous Volunteer Experience

Certification/Degrees

SECTION III: Availability

Availability and Volunteer Assignment Preferences (*Please Check All That Are Applicable*):

I Am Available Mornings (Mon-Fri) Afternoons (Mon-Fri)

SECTION IV: Skills and Interests (please check all that apply)

- Computer/Internet General Office Work One-on-One Direct Client service Writing
- Adaptability Organizing/Scheduling Diverse Appreciation for music Data Entry
- Experience with Alzheimer's Disease and Alzheimer's Disease related Dementias
- Experience working with older adults Bi-Lingual _____
- Other (please explain): _____

SECTION V: Program Referral

How did you hear about the Tennessee Person-Centered Music Program? Please check all that apply:

- TV Radio Event Newspaper
- Billboard Brochure/Poster Program staff person Program Volunteer
- Program website Other (please explain): _____

SECTION IV: Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number: _____

SECTION VII: Background Check

By signing this Tennessee Person-Centered Music Program Volunteer Application you certify that all information provided on this application is correct to the best of your knowledge. As this volunteer role requires working with vulnerable adults, the Tennessee Person-Centered Music Program reserves the right to perform a background check at their discretion based on the volunteer activity you will be participating in for the organization. You acknowledge and understand that you must pass all required background clearances and Tennessee Person-Centered Music Program trainings as a condition of volunteer services with the Tennessee Person-Centered Music Program.

Volunteer Signature _____ **Date** _____

Tennessee Person-Centered Music Program Use Only

- Application
- Attended Training
- Background Check Complete

Staff Initials _____