Volunteer Application

Full Name



PLEASE PRINT

This application will be used to establish your eligibility as a volunteer for the Blount County Community Action Agency. The information you provide helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in assisting our programs. Return the completed application by mail to the Blount County Community Action Agency, 3509 Tuckaleechee Pike, Maryville TN 37803. For information call 983-8411 or visit www.blountcaa.org. All applicants must read and sign in the signature block.

Spouse/Partner

Address			City				State	Zip
Emergency contact name						· · · · · · · · · · · · · · · · · · ·		
Home Phone	Cell					1884.1		
Date of Birth	Gender:	M F	Email					
Occupation Job Title								
Hobbies, Skills, Interests								-
Education				•				
Non-Family Reference Name	•					Phone		
Email			10.00					
Non-Family Reference Name					-	Phone		
Email						· · · · · · · · · · · · · · · · · · ·		
Volunteer position of interest:								
Availability (circle one)	Dai	ly M	/eekly	Bi-we	ekly	Monthly	One-tim	e Activities
Volunteering for the Blount C participants. This information	n is conside	red confid	ential, incl	luding all	l identi	fying and financia	al informati	on. By
signing this application you a once you receive a volunteer My signature below authorize background, including crimin continue to serve as a Blount	assignmer es the Blour al and drivir	nt. nt County (ng records	Community and perso	y Action onal refe	Ageno rences	by to perform a ch	eck of my	
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ADDENDUM: VOLUNTEER DRIVING POSITION

Na	ame		* * * * * * * * * * * * * * * * * * * *	D	ate_	···					
Do	Do you have a current and valid Tennessee Driver's License? (please attach a copy) If no, please explain:								□Yes	□No	
Но	w long have you had	a driver's license?	Years	Mo	onths						
Dri	ver's License Number			E	 kpiratio	on Date					
lf li Lice	censed in Tennessee ense Number/State:	less than five years, li	st licenses previous			lumber/State	g:				
	e there any restrictions stricted, state type and date		se?		••					□Yes	□No
Ha If ye	ve you ever had your o	driver's license susper	nded, revoked, or re	fused?)					□Yes	□No
Auf	omobile Insurance Co	mpany (please attach	a copy of insurance	e card)	:	· -					
n ye Date	s, please explain and list co p: Reason:	mpany and agent name an	d phone:			· · · · · · · · · · · · · · · · · · ·		7-1	·	ster i	
-lav	e you ever been conv	icted of any crime?	⊒Yes □No If	yes, pl	ease e	explain:					
	re you been convicted influence of drugs? If y			itoxica	led or	under			•	□Yes	□No
ndio ast	cate all moving violation 3 years. Please give	ns or citations (other full details, including o	than parking) that yo dates, below. If moi	ou have re spac	e beer e is n	convicte	d of, forfeited be e a separate s	ail, or p heet.	aid any	fines for dur	ing the
A	Date	Location (City &	Location (City & State)			Conviction					•
В.	Date	Location (City &	Location (City & State)			Conviction					
ist i	all motor vehicle accid	ents of any type or ca	use that you, either	as ow	ner or	operator,	have been inv	olved in	during t	he last 5 yea	ars.
1	Date	Time	Driver				Violation			·····	
	Who was at fault?		Bodily injury?	Υ	N	-1-	Damage?	Υ	N		
	Description						<u> </u>				7
2	Date	Time	Driver				Violation				<u> </u>
	Who was at fault?	—	Bodily injury?	Υ	N		Damage?	Υ	N		
	Description										
	you driven a handica state for whom, when, whe		re?			*********				□Yes	□No
/eri	fy that all information	contained in this app	lication is true to the	e best	of my	knowledg	ge.				
		Signature		··-			Date				