



Neighbors driving neighbors

SMiles Membership Application

Name		Date of Birth	
Address		City	Zip
Marital Status	Gender	Veteran/Spouse: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Ethnicity		Living Alone <input type="checkbox"/>	
Handicap Vehicle Placard		Yes <input type="checkbox"/>	No <input type="checkbox"/>
I use Cane <input type="checkbox"/>		Walker <input type="checkbox"/>	Oxygen <input type="checkbox"/>
Home Phone		Cell	
Email			
Payment: Check enclosed <input type="checkbox"/> Credit Card <input type="checkbox"/> Type			
# _____ - _____ - _____ - _____		Expiration Date	
Security Code		Name as it appears on card	
Amount		Signature	
Level of Assistance You Will Require:			
Low Profile/Curb-Level Vehicle		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Assistance Getting Into Taller Vehicles		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> In-the-Door	<input type="checkbox"/> To-the-Door	<input type="checkbox"/> Curb-to-Curb	<input type="checkbox"/> Escort
Emergency Contact Information			
Name		Relationship	
Address			
Cell		Email	
Name		Relationship	
Address			
Cell		Email	
Office Use Only			
Application Received Date:		Membership Paid: <input type="checkbox"/> Date:	
No. of Rides Purchased:		Date:	Amount: Check No.:
Data entered by:		Date:	<input type="checkbox"/> Subsidized <input type="checkbox"/> Area:
Approved by:		Date:	

Return this application and signed copies of all forms to SMiles, 3509 Tuckaleechee Pike, Maryville 37803. Questions? Call 865-724-1331. We look forward to serving you!

OVER, PLEASE!



**Blount County Community Action
Agency
Informed Consent and Release
Form**

We invite you to participate in marketing and outreach initiatives associated with our agency, its programs, and its partnership with United Way of Blount County and other funders. More specifically, we request your consent and permission to:

- Take photos of you singularly or with others;
- Interview you for the purposes of capturing your perspectives and testimonials about the services our agency provides;
- Videotape you for the purposes of capturing your perspectives and testimonials about the services our agency provides;
- Use any photo, videotape footage, and/or information gleaned from your interview for purposes of marketing and outreach which could include but is not limited to brochures and other promotional materials, websites and social media, speeches or presentations, newspaper articles or advertisements, short videos, and other media and tools.

We also request your consent and permission to use your name, _____
in any of the above listed marketing and outreach initiatives.

Consent/Permission (Circle “1” or “2”)

I have read the above information and voluntarily consent to participate in (1) all of the above possibilities or (2) some of the above possibilities as specified below.

Participant signature

Date

Participant printed name

List Exclusions Here:

Witness signature

Witness printed name