

# SMILES Volunteer Application



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 or in person to the Blount County Community Action Agency, 3509 Tuckaleechee Pike, Maryville TN 37803. For information call 983-8411 or visit [www.blountcaa.org](http://www.blountcaa.org).

Full Name				
Address		City		Zip
Home Phone		Cell		Veteran Yes No
Date of Birth	Gender M F	Email		
Education				
Occupation		Job Title		
Club and organizational memberships				
Special Training, Hobbies, Skills				
Emergency Contact		Cell		
What experiences have you had working with the elderly?				
Why do you want to volunteer?				
Volunteer position of interest:				
Availability (circle one)                      Weekly                      Bi-weekly                      Monthly				

Do you have a current and valid Tennessee Driver's License? (please attach a copy) <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If no, please explain:</i>	
Driver's License Number	Expiration Date
If licensed in Tennessee less than five years, list license previously issued: <i>License Number/State:</i> _____ <i>License Number/State:</i> _____	
Are there any restrictions on your driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If restricted, state type and date of restriction:</i>	
Have you ever had your driver's license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please explain:</i>	
Automobile Insurance Company	Expiration Date

*Over, please!*

Have you ever been convicted of any crime?  Yes  No If yes, please explain:

**Note:** Conviction of a crime is not an automatic disqualification for volunteering.

Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? *If yes, please explain (date, charge, jurisdiction, etc.):*  Yes  No

*Indicate all moving violations or citations (other than parking) that you have been convicted of, forfeited bail, or paid any fines for during the past 3 years. Please give full details, including dates, below. If more space is needed, use a separate sheet.*

<b>A</b>	Date	Location (City & State)	Conviction
<b>B</b>	Date	Location (City & State)	Conviction

*List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last 5 years.*

<b>#1</b>	Date	Time	Driver	Violation
	Who was at fault?		Bodily injury? Y N	Damage? Y N
	Description			
<b>#2</b>	Date	Time	Driver	Violation
	Who was at fault?		Bodily injury? Y N	Damage? Y N
	Description			

Have you driven a handicap-accessible van before?  Yes  No  
*If yes, for whom, when, where, how long*

### References

Please list two *non-family references* who know you well and can speak to your character, skills and dependability. Both will be contacted and it is important that they respond to the call. Please inform them.

Name	Phone	Length of Time Known

I understand that this is an application for and not a commitment or promise to provide an opportunity to volunteer. I further understand that by submitting this application I am consenting to the completion of criminal history and driving records checks on myself. I hereby agree to release and hold harmless from liability any person or organization that provides information and the Blount County Community Action Agency. I certify that I have and will provide information throughout the selection process, including on this application and in interviews that is true, correct, and complete to the best of my knowledge. I certify that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by the Blount County Community Action Agency. I understand that misrepresentation or omissions may be cause for my immediate denial as an applicant for a volunteer position with the Blount County Community Action Agency or my termination as a volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date