

# 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 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). **All applicants must read and sign in the signature block.**

Full Name		Spouse/Partner				
Address		City		State	Zip	
Emergency contact name						
Home Phone		Cell		SSN		
Date of Birth	Gender: M F		Email			
Occupation			Job Title			
Hobbies, Skills, Interests						
Education						
Non-Family Reference Name				Phone		
Email						
Non-Family Reference Name				Phone		
Email						
Volunteer position of interest:						
Availability (circle one)		Daily	Weekly	Bi-weekly	Monthly	One-time Activities

Volunteering for the Blount County Community Action Agency gives you access to information related to program participants. This information is considered confidential, including all identifying and financial information. By signing this application you agree to follow strict rules related to confidentiality, which will be provided in detail once you receive a volunteer assignment.

My signature below authorizes the Blount County Community Action Agency to perform a check of my background, including criminal and driving records and personal references. This release is in effect as long as I continue to serve as a Blount County Community Action Agency volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

# ADDENDUM: VOLUNTEER DRIVING POSITION

Name \_\_\_\_\_ Date \_\_\_\_\_

Do you have a current and valid Tennessee Driver's License? (please attach a copy) <i>If no, please explain:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you had a driver's license?	Years	Months
Driver's License Number	Expiration Date	
If licensed in Tennessee less than five years, list licenses previously issued: <i>License Number/State:</i> _____ <i>License Number/State:</i> _____		
Are there any restrictions on your driver's license? <i>If restricted, state type and date of restriction:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had your driver's license suspended, revoked, or refused? <i>If yes, please explain:</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Automobile Insurance Company (please attach a copy of insurance card):		
Has an insurance company ever refused, cancelled, non-renewed, or given notice of intention to non-renew automobile insurance to you? <input type="checkbox"/> No <input type="checkbox"/> Yes, Cancelled <input type="checkbox"/> Yes, Refused <input type="checkbox"/> Yes, Non-renewal <i>If yes, please explain and list company and agent name and phone:</i> <i>Date:</i> _____ <i>Reason:</i> _____		

Have you ever been convicted of any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please explain:</i>				
Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? <i>If yes, please explain (date, charge, jurisdiction, etc.):</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>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.</i>				
<b>A</b>	Date	Location (City & State)	Conviction	
<b>B</b>	Date	Location (City & State)	Conviction	
<i>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.</i>				
<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? <i>If yes, state for whom, when, where, how long:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	

I verify that all information contained in this application is true to the best of my knowledge.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date