



Retired & Senior Volunteer Program  
Volunteers Building Community

# Age 54 or Under Knox & Blount County Volunteer Enrollment Form

<b>FOR OFFICE USE ONLY!</b>
Station(s) _____
Assignment(s) _____
Date Assigned: ___/___/___
Computer Entry: ___/___/___
By: _____

Please print and complete all sections.

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
*First Name Middle Name Last Name*

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Are you a Veteran? \_\_\_ Yes \_\_\_ No Physical/Medical Limitations \_\_\_\_\_

(Optional) Gender \_\_\_ M \_\_\_ F (Optional) Race/Ethnic Background \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Will you be driving to your volunteer site? \_\_\_ Yes \_\_\_ No If yes, please include the following:

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Car Insurance Company \_\_\_\_\_ Is your insurance up-to-date? \_\_\_ Yes \_\_\_ No

What type of vehicle do you drive? \_\_\_\_\_

**Experience & Interest:**

• Relevant Employment/Volunteer Experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Tell us a little about yourself; why would you like to volunteer?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Special Skills/Interests/Languages

Please Sign on the Back

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• Which volunteer opportunities are you interested in? \_\_\_\_\_

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**Certifications:** \_\_\_\_\_

**Schedule Preferences (Please Circle):**

◊ Morning      ◊ Afternoon      ◊ Evening      ◊ No Preference

◊ Monday

◊ Tuesday

◊ Wednesday

◊ Thursday

◊ Friday

◊ Saturday

**Schedule Comments:** \_\_\_\_\_

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**By signing below, I acknowledge that I have read and understand the following statements:**

- I hereby grant CAC OOA permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the internet, whether now known or hereafter existing, controlled by CAC RSVP of Knox County in perpetuity. I will make no monetary or other claim against CAC RSVP for the use of these photograph(s)/video(s).  
Please check if you do not give permission to use your likeness in photograph(s)/video(s) to CAC. [   ]
- I understand that in my capacity as a volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance and a valid driver's license to meet TN State Requirements.
- I authorize CAC to conduct the following background checks as needed: National Sex Offender Registry, TN Abuse Registry, TN Foil Registry, and TN Drug Registry.

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**Volunteer Signature**

**Date**

**Staff Signature**

**Date**

**Equal Employment Agency** – CAC RSVP is an equal opportunity agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act. For accommodation information or if you need special accommodations to complete the application process, please contact the Program Coordinator at 901-577-2500 Ext. 1105.

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**Knox County Volunteering - Please return completed enrollment forms to:**

Questions: (865) 524-2786 or sam.pohlot@knoxseniors.org

CAC Office on Aging

2247 Western Ave.

Knoxville, TN 37921

**Blount County Volunteering - Please return completed enrollment form to:**

Questions: (865) 724-1331

CAA Office on Aging

3509 Tuckaleechee Pike

Maryville, TN 37803