

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

Knoxville - Knox County



**FOR OFFICE USE ONLY**

Station \_\_\_\_\_

Assignment \_\_\_\_\_

Data Entry \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_

Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
*First Name Middle Name Last Name*

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

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

Gender: M F Non-Binary Race/Ethnicity: \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

Are you or a family member a Veteran? (choose all that apply) Self Spouse Family Member

Have you ever been convicted of a criminal offense or misdemeanor? Yes No

Non-Family Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Vehicle and Car Insurance:**

Our supplemental driving insurance covers driving to your volunteer station. Please include the following if you will be driving to your volunteer site:

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

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

Vehicle make and model: \_\_\_\_\_

**Experience, Interests, and Preferences:**

Employment/Volunteer Experience: \_\_\_\_\_

Skills/Interests/Languages: \_\_\_\_\_

Which opportunities interest you? \_\_\_\_\_

Why would you like to volunteer? \_\_\_\_\_

What days or times are best for volunteering? \_\_\_\_\_

How frequently would you like to volunteer? \_\_\_\_\_

**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**

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**Staff Signature**

**Date**

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**Equal Employment Agency** – CAC is an equal opportunity agency. Enrollment is done without regard to race, color, religion, national origin, sex, age or disability. CAC 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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**For service with Knox County RSVP, please return completed enrollment forms to:**

RSVP Knoxville-Knox County CAC Office on Aging      P.O. Box 51650      Knoxville TN, 37950

Questions: (865) 524-2786 or [rsvp@knoxseniors.org](mailto:rsvp@knoxseniors.org)

**For service with Blount County RSVP, please return completed enrollment form to:**

RSVP Blount CAA Office on Aging      3509 Tuckaleechee Pike      Maryville, TN 37803

Questions: 865-317-4747 or [rsvp@blountcaa.org](mailto:rsvp@blountcaa.org)