



Retired & Senior Volunteer Program
Volunteers Building Community

Age 55 or More Knox & Blount County RSVP Volunteer Enrollment Form

FOR OFFICE USE ONLY!

Station(s) _____

Assignment(s) _____

Date Assigned: ___/___/___

Computer Entry: ___/___/___

By: _____

Please print and complete all sections.

Full 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: _____

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

Supplemental Accident Insurance:

As a volunteer of RSVP, you will be covered by accident and personal liability insurance plus a small death benefit while performing volunteer duties. This coverage is automatic and free of cost to you as long as you are an active, enrolled member of RSVP. Please provide the following information.

Emergency Contact _____ Phone _____

Beneficiary for RSVP Supplemental Accident Insurance:

Name _____ Relationship _____

Address _____ 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

• Employment/Volunteer Experience _____

• Special Skills/Interests/Languages _____

• Which RSVP Volunteer opportunities are you interested in? _____

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

- Is there anything else we should know in order to help you be successful? _____

Certifications _____

Schedule Preferences (Please Circle):

- Morning
 Afternoon
 Evening
 No Preference
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

Schedule Comments: _____

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

- I hereby certify that I am **55 years of age or older** and offer my services as a volunteer for the Knox-Blount County CAC Retired Senior Volunteer Program. I understand that I am not an employee of the RSVP Project, CAC, the volunteer station or the Federal Government and agree to serve without compensation.
- I hereby grant CAC RSVP permission to use my likeness in photograph(s)/video(s) in any and all of its publications or on the world wide web, whether now known or hereafter existing, controlled by CAC RSVP of Knox and Blount 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 RSVP.
- I understand that in my capacity as an RSVP 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 RSVP to conduct the following background checks as needed: National Sex Offender Registry check, TN Abuse Registry, TN Felony Abuse Registry, and TN Drug Offender Registry

RSVP Volunteer Signature

Date

RSVP 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.

For service with Knox County RSVP, please return completed enrollment forms to:

(All forms must contain original signature.)

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

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

(All forms must contain original signature.)

Questions: (865) 983-8411 or www.blounthasit.com Form Updated 11/2018

CAC Office on Aging

P.O. Box 51650

Knox County, TN 37950

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Maryville, TN 37803