

Knox Volunteer Enrollment Form Age 54 or Under



FOR OFFICE USE ONLY

Station _____

Job _____

Data Entry ___/___/___ By: _____

Full Name: _____ Preferred Name: _____
First Name Middle Name Last Name

Mailing Address: _____ City: _____ Zip: _____

DOB: _____ Phone: _____ Email: _____

Sex: M F 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/Languages: _____

What are your interests? _____

What days/times are best 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 Felony Registry, TN Drug Registry, and US Exclusions Database.

Volunteer Signature

Date

Staff Signature

Date

Equal Employment Agency – CAC is an equal opportunity employer. This program is available to all, without regard to race, color, national origin, gender, age, religion, sexual orientation, disability, gender identity or expression, political affiliation, marital or parental status, genetic information and military service. Age is a criterion for selection due to the nature of the program.

RSVP provides reasonable accommodations to the known disabilities of individuals in compliance with the Americans with Disabilities Act.

To serve in Knox County, return form to:

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

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