

Volunteer Assisted Transportation: Volunteer Application

Date of Application: _____

Male Female

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Special Interests and/or hobbies: _____

Are you a veteran of the United States Armed Forces? _____

Please check the following services you are willing to provide:

<input type="checkbox"/> Accompany to Medical Appointment	<input type="checkbox"/> Accompany to Shopping/Pharmacy
<input type="checkbox"/> Accompany to Community Event	<input type="checkbox"/> Accompany to Spiritual Event/Service
<input type="checkbox"/> Office Work	<input type="checkbox"/> Other

Please indicate your approximate availability:

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>

For Volunteers Who Work Directly With Riders:

Client Preference: Male Female Either

Have you had any accidents, speeding tickets or other moving violations in the past five years? Yes No

If Yes, please explain: _____

Do you have any pet or other severe allergies? Yes No If Yes, what allergy? _____

How did you learn about our volunteer program?

- Friend in Program Family Member in Program Newsletter
 Flyer Website (Which one?) Community Event (Which one?)
 Other (Please explain.) _____

Please read and sign both the Confidentiality and Volunteer Agreements on the reverse side.

Volunteer Assisted Transportation

Confidentially Agreement

As a volunteer for a Knoxville-Knox County Community Action Committee (CAC) program, you may have access to certain information concerning the participants of that program. This information may include, but is not limited to, personal, medical, social, or business-related data. Such information is strictly confidential and must not be disclosed to any person outside of CAC without prior written consent of the participant. By signing this agreement, you agree to abide by this restriction while you are an active volunteer and after your volunteer service has ended.

Please acknowledge your acceptance of this agreement by signing below where indicated:

Signature of Volunteer

Date

Volunteer Agreement of Understanding

As a volunteer for the Knoxville-Knox County Community Action Committee Volunteer Assisted Transportation program, it has been fully explained that you may not accept any gift, purchase any item, or sell anything to a participant. By signing this agreement, you agree to abide by these restrictions while you are an active volunteer and after your service has ended.

Please acknowledge your acceptance of this agreement by signing below where indicated:

Signature of Volunteer

Date

Please complete the Volunteer Application on the reverse side.