



Smoky Mountain Meals on Wheels Volunteer Application

This application will be used to establish your eligibility as a volunteer for the Blount County Community Action Agency. The information you provide helps us assure you, and the public that the highest of standards of safety and accountability are maintained. We appreciate your cooperation and interest in assisting our programs. Return the completed application by mail to Smoky Mountain Meals on Wheels, 3509 Tuckaleechee Pike, Maryville TN 37803. For information call (865)983-8411 or visit www.blountcaa.org. Not valid without signature.

Full Name:	Spouse/ Partner:	
Address:	Phone:	
City, State, Zip		
Emergency Contact Name:	Phone #:	
Date of Birth:	e-mail:	
Gender: M F		
Volunteer Position of interest:		
Availability: M Tu W Th F		

Reference Name:	
Phone#:	

Volunteering for BCCAA gives you access to information related to program participants. This information is considered confidential, including all identifying and financial information. By signing this application, you agree to follow strict rules related to confidentiality, which will provide in detail once you receive a volunteer assignment.

My signature below authorizes BCCAA to perform aa check of my background, including criminal and driving records. This release is in effect if I continue to serve as a BCCAA volunteer.

Signature

Date

VOLUNTEER DRIVING POSITION ADDITIONAL INFORMATION

Name: _____

Date: _____

Do you have a current TN Driver's License? (attach copy)		
Yes	NO	
Driver's License Number:		
Expiration Date:		
Any restrictions on your driver's license?	Yes	No
Automobile Insurance: (please attach a copy of proof of insurance)		
Have you ever been convicted of any crime?	Yes	NO
If yes, please explain.		

I verify that all the information contained in this in this application is true to the best of my knowledge.

Signature

Date