



Volunteer Application

Blount County Community Action Agency Programs

Please fill out the application in its entirety and attach all necessary documents with the application. This application will be used to establish your eligibility as a volunteer for the Blount County Community Action Agency and its programs. The information provided here helps us assure you, this organization, and the public that the highest standards of safety and accountability are maintained. We appreciate your cooperation and interest in assisting our programs.

Full name: _____ Spouse/Partner: _____

Address: _____ City: _____ State _____ Zip _____

Home Phone: _____ Cell: _____ SSN: _____

Date of Birth: _____ Gender: M F Email: _____

Are you a Veteran: ☐ Yes ☐ No Branch served: _____

Occupation: _____ Place of employment: _____

Hobbies, Skills, Interests: _____

Education: High School Grad/equivalent Some College AS BA MA Other: _____

Emergency Contact Name: _____ Phone Number: _____

Non-Family Reference: _____

Phone: _____ Email: _____

Non-Family Reference: _____

Phone: _____ Email: _____

Volunteer position(s) of interest:

What experiences do you have working with the elderly?

Volunteering for the Blount County Community Action Agency 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 be provided in detail once you receive a volunteer assignment.

My signature below authorizes the Blount County Community Action Agency to perform a check of my background, including criminal and driving records and personal references. This release is in effect as long as I continue to serve as a Blount county Community Action Agency volunteer.

Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Addendum: Volunteer Driving Position

Blount County Community Action Agency Programs

Full name: _____ Date: _____

Do you have a current and valid Tennessee Driver's License? ☐ Yes ☐ No (Please attach copy)

How long have you had a driver's license? Years: _____ Months: _____

Driver's License Number: _____ Expiration: _____

If licensed in Tennessee less than five years, list licenses previously issued:

License Number/State: _____ License Number/State: _____

Are there any restrictions on your driver's license? ☐ Yes ☐ No

Please list type and date of restriction: _____

Have you ever had your driver's license suspended, revoked, or refused? ☐ Yes ☐ No

If yes, please explain: _____

Automobile Insurance Company (please attach a copy of insurance card): _____

Has an insurance company ever refused, cancelled, non-renewed, or given notice of intention to non-renew automobile insurance to you?

☐ No ☐ Yes, Cancelled ☐ Yes, Refused ☐ Yes, Non-Renewal

If yes, please explain and list company and agent name and phone. Please include date.

Indicate all moving violations or citations (other than parking) that you have been convicted, forfeited bail, or paid any fines for during the past 3 years. Please give full details, including dates, below. If more space is needed, use a separate sheet.

A	Date:	Location (City and State)	Conviction
B	Date:	Location (City and State)	Conviction

List all motor vehicle accidents of any type or cause that you, either as owner or operator, have been involved in during the last 5 years.

#1	Date	Time	Driver	Violation
	Who at fault?		Bodily injury	Damage:
	Description			
#2	Date	Time	Driver	Violation
	Who at fault?		Bodily injury	Damage:
	Description			

Have you ever been convicted of any crime? ☐ Yes ☐ No

If yes, please explain:

Have you been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? ☐ Yes ☐ No If yes, please explain (date, charge, jurisdiction, etc.):

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

Signature: _____ Date: _____



Volunteer Meals Driver

Smoky Mountain Meals on Wheels

Blount County Community Action Agency Programs

Confidentiality Agreement/Volunteer Job Description

Clients of the Blount County Community Action Agency's Smoky Mountain Meals on Wheels program reveal identifying information in order to receive services. All of this information is considered confidential. Name, address, date of birth, social security number, income, services received, medical information and other client information are not to be discussed with or revealed to anyone other than appropriate staff. **Volunteers are held to the same standards as staff members and violations may have legal ramifications.**

Senior Nutrition Performance Agreement

Volunteers assigned to deliver a meal route agree to the following procedures:

- To pick up the meals from specified location between 9:30-10:00 am on the assigned day
- To use approved equipment (thermal and cooler containers) in order to protect food while being delivered
- To ensure that number of meals provided for route agree with client count for that day **(Count meals and cold packs, etc., before leaving to ensure correct amount needed)**
- To deliver meal to client or designated representative and never leave at unanswered door, even if cooler is provided by client
- To distribute and collect designated information from clients as requested by staff
- To first call 911 in case of any emergency and follow dispatch instructions, then notify staff immediately. File incident report with office staff
- To attend at least one volunteer training event per year
- To drive a route as agreed to in advance with staff
- To notify staff in advance when unable to drive as scheduled, with as much notice as possible, by calling (865) 983-8411 x 3001
- **TO NOTIFY STAFF IF A SCHEDULED CLIENT IS NOT HOME FOR DELIVERY**

I have read and understand the information provided and agree to perform my volunteer services accordingly.

Print Name: _____

Volunteer Signature: _____ Date: _____

How to return this application:

1. For your convenience, there is a secure **drop box** located by the front entrance and both side entrances of our building. If you need copies of documentation, we are able help you during regular business hours (Mon – Fri, 8:30-4:30).
2. **Mail to:** BCCAA, 3509 Tuckaleechee Pike, Maryville, TN 37803
3. **Email scanned documents to:** ssutton@blountcaa.org.
4. **Fax to:** (866) 822-7920
5. For questions: please call (865) 983-8411 x 3001.