



FIRST NAME: MIDDLE: LAST: NICKNAME:

PRIMARY PHONE #: OTHER PHONE #:

ADDRESS:

CITY: ST: ZIP:

EMAIL: DOB: GENDER: MALE FEMALE

GROUP/COMPANY AFFLIATION (IF ANY):	
GROUP CONTACT NAME:	
GROUP CONTACT PHONE:	EMAIL:

EMPLOYED BY:

OCCUPATION: RACE MILITARY STATUS

HOBBIES, INTERESTS, SKILLS:

PREVIOUS VOLUNTEER EXPERIENCE

WHY DO YOU WANT TO VOLUNTEER WITH CONNECTING HEARTS?

HOW DID YOU HEAR ABOUT CONNECTING HEARTS?

DRIVER'S LICENSE# EXP. RESTRICTIONS

AUTOMOBILE INSURANCE CO.

EMERGENCY CONTACT RELATIONSHIP

PHONE 1 PHONE 2

NON-FAMILY REFERENCE PHONE

EMAIL ADDRESS YEARS KNOWN

HAVE YOU BEEN ARRESTED OR CONVICTED OF A CRIME WITHIN THE LAST 5 YEARS?: YES NO

IF YES, PLEASE EXPLAIN:

PLEASE SELECT VOLUNTEER CHOICES (CHECK ALL THAT APPLY):

POSITION OF INTEREST: CONNECTING HEARTS SENIOR VISITOR CONNECTING GROCERY PACKER
NOTE:

DAYS AVAILABLE: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY
NOTE:

GEOGRAPHICAL PREFERENCES: NORTH SOUTH EAST WEST CENTER CITY ANY
NOTE:

WILL YOU DRIVE IN SNOW? YES NO
DO YOU HAVE 4WD? YES NO
DO YOU HAVE GPS? YES NO

Please initial at each paragraph and sign below:

My signature below authorizes the Knoxville-Knox County CAC Office on Aging 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 volunteer . _____

With my signature below I give rights and permission to the Senior Nutrition Program, WBIR-TV and/or Mobile Meals to use my photograph and/or video image as they see fit except for commercial advertising purposes. This may include brochures and fliers, newspaper articles, social media, etc. Media coverage of Mobile Meals helps the program with volunteer recruitment, fundraising and public awareness. _____

As a volunteer for Knoxville-Knox County CAC Office on Aging programs, you may have access to certain private information concerning the participants of that program. By signing this agreement, you agree to maintain confidentiality and not divulge personal information except to CAC personnel. This confidentiality agreement applies while you are an active volunteer and after your volunteer service has ended. _____

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

Print Name: _____

Last 4 digit of SSN: _____

Signature: _____

Date: _____

Submit this form to:
Shelly Woodrick
shelly.woodrick@knoxseniors.org

Fax: 865.546.0832

or by mail:
Connecting Hearts
PO Box 51650
Knoxville, TN 37950-1650