

Dear Prospective Volunteer,

Below is a Volunteer Application, Confidentiality Statement/Agreement and a Background Check Form. To begin the process of becoming a volunteer with the Public Guardianship Program, please complete one of the two options below:

- 1) Print and complete and sign the Application and forms below and mail them to the following address:

**First TN Area Agency on Aging & Disability  
Office of the Public Guardian  
3211 N. Roan Street  
Johnson City, TN 37601**

- 2) Contact the Volunteer Coordinator listed below to request that a Volunteer Application packet be mailed to you:

**Karrie Erick, Volunteer Coordinator  
Phone: (423) 722-5105  
E-mail Address: [kerick@ftaaad.org](mailto:kerick@ftaaad.org)**

After receiving your completed application and signed forms, the Volunteer Coordinator will conduct a background check. Once the background check is complete and approved, she will contact you to set a date and time for a short training session, at which time you will be assigned to one or more of the wards.

Thank you for your interest in becoming one of our valuable volunteers.

**FIRST TENNESSEE AREA AGENCY ON AGING AND DISABILITY  
PUBLIC GUARDIANSHIP FOR THE ELDERLY PROGRAM  
VOLUNTEER APPLICATION**

DATE: \_\_\_\_\_

NAME (first, middle, last): \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed?     Yes     No

If you are currently employed, please state employer's name, telephone number, and provide a brief description of your job duties.

\_\_\_\_\_  
\_\_\_\_\_

If you are not currently employed, please state the type of work you have done.

\_\_\_\_\_  
\_\_\_\_\_

List hobbies, interests, skills:

\_\_\_\_\_  
\_\_\_\_\_

List memberships in clubs or organizations:

\_\_\_\_\_  
\_\_\_\_\_

Do you drive?  Yes  No

Do you own a car?  Yes  No

Driver's License number: \_\_\_\_\_ State: \_\_\_\_\_

How much time can you contribute to this Program?

\_\_\_\_\_ hours per week                      \_\_\_\_\_ hours per month

Are there specific days or times you would be available to volunteer?

\_\_\_\_\_

Have you volunteered or worked with elderly individuals and/or people with disabilities in the past?

Yes  No

If yes, please provide a brief description of these activities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give a few comments as to why you want to do this type of volunteer work.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any physical conditions and/or limitations that should be considered?  Yes  No

If yes, please describe the condition(s) and/or limitation(s).

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a criminal act (minor traffic violations do not apply)? All applicants for volunteer work must list any prior conviction by any local, state, federal or military court of any felony or any other conviction involving sexual crimes, crimes against a person, substance abuse and any charge of an *attempt* to commit sexual crimes, felonious assault, homicide, crimes against a person, substance abuse, unlawful breaking and entering, robbery, burglary, theft, or arson.

Yes  No

If yes, please explain.

---

---

**Please list three (3) references other than relatives:**

**Reference #1 Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

---

**FOR PUBLIC GUARDIANSHIP PROGRAM USE ONLY**

*Date reference #1 contacted:* \_\_\_\_\_ *How long has reference known applicant?* \_\_\_\_\_

*Comments:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reference #2 Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

---

FOR PUBLIC GUARDIANSHIP PROGRAM USE ONLY

Date reference #2 contacted: \_\_\_\_\_ How long has reference known applicant? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reference #3 Name:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

FOR PUBLIC GUARDIANSHIP PROGRAM USE ONLY

Date reference #3 contacted: \_\_\_\_\_ How long has reference known applicant? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing this Volunteer Application, you are giving permission for the staff of the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability Public Guardianship for the Elderly Program to verify information on the application form and authorizing the release of information by those individuals and agencies contacted.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# BACKGROUND CHECK FORM

NAME (first, middle, last): \_\_\_\_\_

DRIVER'S LICENSE NO. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

**I, the undersigned, do hereby authorize the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability Public Guardianship for the Elderly Program to conduct a background check using the above specific information. I assert that this consent for a background check and release of information is given freely, voluntarily, and without coercion.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
FTDD/FTAAAD Representative

\_\_\_\_\_  
Date

**FOR LAW ENFORCEMENT USE ONLY**

This will serve as confirmation that a Criminal Check with a local law enforcement agency has been done on the above person.

**Compliance** \_\_\_\_\_ *(Please check one)*

**\*Non-Compliance** \_\_\_\_\_

\_\_\_\_\_  
Signature of Local Law Enforcement  
Official or District Attorney's Office

\_\_\_\_\_  
Date

**\*Please provide copies of Court information with case number(s).**

## **Confidentiality Statement**

All consumer Protected Health Information (PHI—which includes consumer medical and financial information), employee records, financial and operating data of the First TN Development District/First TN Area Agency on Aging & Disability, and any other information of a private or sensitive nature is considered confidential. Confidential information shall not be used or disclosed unless specific permission to do so has been obtained and granted by the privacy officer or designee. Applicable federal and state laws shall be followed to seek consumer permission for any use or disclosure of PHI. Examples of inappropriate disclosures include:

- Discussing or revealing confidential information to friends or family members.
- Discussing or revealing confidential information to other coworkers or employees without a legitimate need to know.
- The disclosure of a consumer's presence in the office, hospital, or other medical facility, without the consumer's consent, to an unauthorized party without a legitimate need to know and that may indicate the nature of the illness and jeopardize confidentiality.
- Using consumer information for marketing purposes without express permission from the First TN Development District/First TN Area Agency on Aging & Disability and consumer.

The unauthorized disclosure of confidential information can subject an individual and the individuals' employer to liability. Disclosure of confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, may result in your immediate removal from the premises and/or revocation of current and future visiting/working privileges of the individual and/or company, and may lead to legal action and/or a duty for you to mitigate damages.

## **Confidentiality Agreement**

I hereby acknowledge, by my signature below, that I understand that consumer PHI and other confidential or proprietary information of the First TN Development District/First TN Area Agency on Aging & Disability which I may see or hear or otherwise gain knowledge of in the course of my visit/work with the First TN Development District/First TN Area Agency on Aging & Disability is to be kept confidential, and this confidentiality is a condition of my privilege to visit/work with the First TN Development District/First TN Area Agency on Aging & Disability. This information shall not be used or disclosed to anyone unless specifically authorized by the First TN Development District/First TN Area Agency on Aging & Disability. The unauthorized use or disclosure of consumer PHI is possible grounds for: immediate removal from the premises; revocation of all future visiting/working privileges; legal action; and/or a duty to mitigate damages.

---

Date

---

Signature

---

Print name, company and position