FIRST TENNESSEE
AREA AGENCY ON AGING
AND DISABILITY

Public Guardian Program

PUBLIC GUARDIAN VOLUNTEER APPLICATION

Personal Information

Full Name (first, middle, last): _____

Address _____

State: _____ City: _____ Zip: _____

Phone: _____ E-Mail: _____

Social Security No. _____ DOB: _____ Nickname: _____

Have you lived in TN for the past 2 years? □ Yes □ No

If not, please provide previous out-of-state address: _____

_____

Last 5 Years of Employment

If you have more than 3 employers in the last 5 years, please attach a resume or separate page listing employer(s)

Employer: _____ □ Is this your last employer?

Dates Worked: _____

Supervisor Name: _____

Phone Number: _____ Email: _____

Employer: _____ □ Is this your last employer?

Dates Worked: _____

Supervisor Name: _____

Phone Number: _____ Email: _____

Employer: _____ □ Is this your last employer?

Dates Worked: _____

Supervisor Name: _____

Phone Number: _____ Email: _____

Have you ever been a volunteer? □ Yes □ No

If yes, in what capacity and organization(s)? _____

_____

_____

_____

_____

Transportation

Do you drive? □ Yes Driver's License #: _____ State: _____ □ No

Do you have a vehicle at your disposal? □ Yes □ No

Do you have auto insurance? □ Yes □ No If yes, with who? _____

Availability and Other Information

Will you be able to visit an assigned facility at least once per month to perform Public Guardian duties?
□ Yes □ No

Are there specific days or times you would be available to volunteer? If yes, please list below:

_____

Do you have access to email and the internet? □ Yes □ No

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

If you are a licensed health professional, is your license in good standing? □ Yes □ No

Background

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, fraud involving financial exploitation and/or substance abuse.

□ Yes □ No

If yes, please explain.

References - Please list three (3) personal references who have known you for at least five (5) years:

Reference #1 Name:

Relationship: Phone:

Address:

Email:

Reference #2 Name:

Relationship: Phone:

Address:

Email:

Reference #3 Name: _____

Relationship: _____ Phone: _____

Address: _____

_____

Email: _____

By signing and submitting this application, I agree that (1) I am over the age of 18, (2) all the information in this form is true, accurate, and complete to the best of my knowledge, (3) I understand that withholding or giving false information will be sufficient cause for cancellation of my application and/or separation from the program's service and, (4) I have reviewed the job description and will be able to fulfill the responsibilities of the position, (5) I give the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability Public Guardian Program the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability Public Guardian Program and its representatives for seeking such information, and all other persons, corporations, or organizations for furnishing such information. I agree to the release of all investigative records from any source, including federal, state, and local government to First Tennessee Development District/First Tennessee Area Agency on Aging & Disability Public Guardian Program for the purpose of verifying the accuracy of criminal violation information contained in this volunteer application, if applicable.

_____ _____

Signature of Applicant Date