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) Call (423) 928-0224 and ask to speak to the Public Guardian Volunteer Coordinator.

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 four (4) hour training session, at which time you will be assigned to one or more of the clients.

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

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

BACKGROUND CHECK FORM

NAME (First, Middle, Last): _____

DRIVER'S LICENSE NUMBER: _____ STATE OF ISSUE: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

_____

I, the undersigned, do hereby authorize the First Tennessee Development District/First Tennessee Area Agency on Aging & Disability Public Guardian 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.

(Please check one)

Compliance _____ ***Non-Compliance** _____

_____ _____
Signature of Local Law Enforcement Official or District Attorney's Office Date

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

Revised: 8/19/16

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