



VOLUNTEER APPLICATION

For Office Use	
Approved:	_____
Date:	_____
Initial:	_____
Placement:	_____

Contact Information

Full Name _____ Date _____

Please include nickname, if applicable _____

Address (Include Zip) _____

Home Phone _____ Cell Phone _____

SS# _____ Driver's License# _____ State _____ Birth date _____

Email Address _____ Age _____ Sex _____ Race _____

Place of Employment or School _____ Work Phone _____

May we call you at work? _____ Marital Status _____ Spouse's Name _____

Church Affiliation _____ Shirt Size: XS S M L XL 2XL 3XL 4XL

Emergency Contact Person _____ Relationship _____

Address _____ Home Phone _____

Other contact numbers (work, cell, etc.) _____

References: Please list two (2) personal references, other than family members, plus one (1) professional reference. Please ensure that your references are able to be contacted by providing complete and correct addresses.

Name	Address (include area code) or Email	Phone	Relationship

Address History: In order to conduct a criminal history check & sex offender check, please list all addresses at which you've lived for the past 7 years (including county) starting with the most recent. Please attach additional sheet if all addresses do not fit in this section.

1.	_____	_____	_____	_____	_____
	address (Include Zip)	city	state	county	dates: from- to

2.	_____	_____	_____	_____	_____
	address (Include Zip)	city	state	county	dates: from- to

3.	_____	_____	_____	_____	_____
	address (Include Zip)	city	state	county	dates: from- to

Have you ever been convicted of a felony or misdemeanor? No Yes - Please explain:

Do we have your permission to use your name/picture for publicity or news releases? No Yes

"I verify that all of the information given by me on this application is true. I authorize Emerald Youth Foundation to complete a sex offender, driving, and criminal history check on me using the information listed on this application. If I wish to transport kids, I authorize my insurance agent to release proof of my liability limits to Emerald Youth Foundation. By my signature below, I authorize a reference check with regard to my character of any and all persons and agree to hold such persons harmless with respect to any information that they may give."

Signature _____ Date _____

Signature of Parent/Guardian _____ Date _____
(if applicant is under 18 years of age)

For Office Use	
Date Received:	_____
Criminal Background:	_____
NSOPR:	_____
References: [1] [2] [3]	_____
Vol. Agreement:	_____
JustLead Overview:	_____
Placement:	_____
Initial:	_____

Return to: ATTN: Volunteer Dept. 1718 N. Central Street, Knoxville, TN 37917 Fax: 865-637-7399