

Jefferson Park

AT DANDRIDGE

Community With Compassionate Care
914 Industrial Park Road, Dandridge, TN 37725
Phone (865) 397-3163 Human Resources Fax (865) 397-1445

VOLUNTEER APPLICATION

Activities Direct Line: (865) 940-1623

Name: _____ Birth Date: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

Occupation & Jobs: _____

Skills or Hobbies: _____

Community Affiliations: _____

How did you learn of our Volunteer program? _____

Why would you like to become a Volunteer? _____

Veteran: YES NO If so, what Branch: _____

Please check one: I prefer to volunteer ___Morning ___Afternoons ___Evenings

Weekly ___ Monthly ___

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

I authorize the use of my photograph, audio visual recordings, and my name for special uses within the facility, its publications or for use in any media including but not limited to Facebook, Newspaper, Instagram, and Jefferson Park's Website.

Signature: _____ Date: _____

"The best and most beautiful things in the world cannot be seen or even touched - they must be felt with the heart." -Helen Keller

In Case of an emergency, we should notify:

Name: _____ Phone: _____ Relationship: _____

For Jefferson Park at Dandridge Use

Call Back: _____

Left Message: _____

Start Date: _____

Notes: _____

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LOCAL COUNTY CRIMINAL BACKGROUND CHECK

APPLICANTS FULL LEGAL NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

DATE OF BIRTH: _____ / _____ / _____

I give the Jefferson County Sheriff's Department permission to release any information to Jefferson Park at Dandridge concerning my criminal background history relating to any confirmed crime(s).

Applicant's Signature

Date

To be filled out by the Jefferson County Sheriff's Department:

This applicant's name and social security number have been run through the Jefferson County Sheriff's Department criminal background system and ___ does or ___ does not have a positive history of activity.

If applicant does have a record, please note record(s) below:

Date	Charge(s)

If additional space is needed, please attach a separate paper.

Jefferson County Sheriff's Dept. Representative

Date

***NOTE: In the event an applicant is hired prior to the return of a positive Local County Criminal Background Check, the facility reserves the right to terminate the employee based on those findings.**



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BACKGROUND INVESTIGATION CONSENT

I hereby authorize Jefferson Park at Dandridge and/or its agents to make an independent investigation of my background, references, character, past employment, education, credit history, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment now and, if applicable, during the tenure of my employment with Jefferson Park at Dandridge.

I release Jefferson Park at Dandridge and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

APPLICANTS FULL LEGAL NAME: _____
First Middle Last

MAIDEN NAME OR OTHER NAMES USED: _____

CURRENT ADDRESS: _____
Street
City State Zip Code

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____

Please list previous addresses for the past 7 years:

Table with 4 columns: Street, City, State, How Long? and 7 rows for address entries.

Date of Birth: _____ Social Security #: _____ Phone #: _____

Applicant's Signature

Date

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*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Jefferson Park at Dandridge is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.

ELDERLY ABUSE REGISTRY

CONSENT/DOCUMENTATION FORM

APPLICANTS FULL LEGAL NAME: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

I give Jefferson Park at Dandridge permission to obtain any information from the Tennessee Department of Health and Environment concerning the Patient/Resident Abuse Registry or similar data in other files of all details relating to any confirmed incident(s).

Applicant's Signature

Date

To be filled out by authorized personnel of Jefferson Park at Dandridge:

Listed on Patient Abuse Registry: _____ YES _____ NO

Verification Date: _____ Time: _____

Verified By: _____

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SEX OFFENDER REGISTRY

CONSENT/DOCUMENTATION FORM

APPLICANTS FULL LEGAL NAME: _____

DATE OF BIRTH: _____ / _____ / _____

I give Jefferson Park at Dandridge permission to obtain any information from the United States Department of Justice National Sex Offender Public Website concerning the Sex Offender Registry or similar data in other files of all details relating to any confirmed registries.

Applicant's Signature

Date

To be filled out by authorized personnel of Jefferson Park at Dandridge:

Listed on Sex Offender Registry: _____ YES _____ NO

Verification Date: _____ Time: _____

Verified By: _____