



Community With Compassionate Care

914 Industrial Park Road, Dandridge, TN 37725

Phone (865) 397-3163 Human Resources Fax (865) 397-1445

VOLUNTEER APPLICATION

Activities Department 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: _____

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, and use in media including but not limited to social media, newspaper, 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 notify:

Name: _____ Phone: _____ Relationship: _____

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

Call Back: _____

Left Message: _____

Start Date: _____

Notes: _____



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BACKGROUND INVESTIGATION CONSENT

I 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 Address

City State Zip Code

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____

Please list previous addresses for the past 7 years:

Street	City	State	How Long?

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

Applicant's Signature

Date

*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



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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: _____

SEX OFFENDER REGISTRY



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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: _____

COVID-19 VACCINATION VERIFICATION FORM

Jefferson Park

AT DANDRIDGE

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Jefferson Park at Dandridge is committed to providing a safe work environment for employees, as well as a safe place for residents to live and receive exceptional care. Under guidelines laid out from Centers for Medicare & Medicaid Services (CMS), employees of Long-Term Care (LTC) Facilities, including Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs), generally referred to as nursing homes (§ 483.80) have been required to receive the COVID-19 vaccination, unless granted a medical exemption or religious exception.

In order for the facility to adhere to CMS guidelines all employees are required to be considered fully vaccinated by February 28, 2022.

Applicant's full name: _____

Have you received you COVID-19 vaccination? Yes No

Vaccine #1: Date: _____ Brand: _____

Vaccine #2: Date: _____ Brand: _____

Booster: Date: _____ Brand: _____

I give Jefferson Park at Dandridge permission to obtain a copy of my COVID-19 vaccination card for Tennessee Department of Health and CMS reporting purposes.

Applicant's Signature _____ Date _____

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

Copy of COVID-19 Vaccination card received: _____ YES _____ NO

Employee considered fully vaccinated: _____ YES _____ NO

Verification Date: _____ Time: _____

Verified By: _____