

----PLEASE READ---

The State of Tennessee Volunteer Application Form is used by the State to establish an applicant's qualification and preferences. This application does not constitute a contract between the state and the applicant.

The State of Tennessee of Tennessee is committed to the principles of equal opportunity, equal access, and affirmative action. The State of Tennessee does not discriminate against applicants or employees on the basis of race, color, creed, age (over 40), national origin, sex, pregnancy, disability, veteran's status or any other classification protected by federal or state law.

Full Legal Name: _____ Social Security Number: _____

Other Names Used: _____

Current Address: _____
street address *city/state/zip*

Addresses in the Past Six Months: _____
street address *city/state/zip*

Primary E-mail Address: _____
 (Print Clearly)

County of Residence: _____

Telephone No. (Home): _____ (Cell): _____

Date of Birth: _____ Marital Status: _____ Level of Education: _____

Sex: _____ Do You Speak Other Languages? _____ Specify: _____

For Interns ONLY: Is this application for internship placement? YES NO

Classification/Year: _____ Total Number of Hours needed to complete: _____

Educational Institution Attending:

Institution's Address: _____
(street/city/state/zip)

Institution Contact Person:

Advisor Email address : _____ phone # _____

Major/Program of Study: _____ Anticipated Date of Graduation: _____

Do you own a vehicle? YES NO

If yes, please attach copy of driver's license, current insurance card and vehicle registration.

If no, by signing this application form you are agreeing that you will not be driving as part of your internship.

APPLICATION FOR SERVICE AS A VOLUNTEER

Volunteer Information:

Location Desired for Volunteer Service:	
Type of Volunteer Activity Desired:	

Number of Hours Requested Per Week:

0-2 2-4 4-10 10-15 15-20 20-40

PLEASE FILL OUT THIS SECTION COMPLETELY:

Current Employment:	Company Name:	Job Title:
Title of Immediate Supervisor:	Employed From: _ _ to _ _	Business Address: City: State Zip Code Phone No.:
Weekly Work Hours: Full Time :		Part Time:

PREVIOUS/PRESENT VOLUNTEER SERVICES:

Name of Organization:	Contact Person:
Job Duties:	Business Telephone:
Name of Organization:	Contact Person:
Job Duties:	Business Telephone:
Hobbies, Interest, Special Skills:	
Community, Civic, (Note offices or leadership positions held):	

REFERENCES:

Please provide a minimum of three (3) references. References may be personal or professional. By signing this application, I hereby authorize the Department of Children's Services to obtain a reference check from the individuals listed below. This reference check may include information regarding character, work record, general knowledge and capabilities, and reputation.

Name	
Title/Relationship	

Street Address			
		State	Zip Code
Telephone Number (include area code)		E-Mail Address	
Name			
Title/Relationship			
Street Address			
		State	Zip Code
Telephone Number (include area code)		E-Mail Address	
Name			
Title/Relationship			
Street Address			
		State	Zip Code
Telephone Number (include area code)		E-Mail Address	

EMERGENCY CONTACT INFORMATION:

In case of emergency, I authorize the State of TN Department of Children's Services to contact the following person(s):

Name			
Relationship			
Street Address			
		State	Zip Code
Telephone Number (include area code)		Alternate Number	
Name			
Relationship			
Street Address			
		State	Zip Code
Telephone Number (include area code)		Alternate Number	
Name			
Relationship			
Street Address			

	State		Zip Code	
Telephone Number (include area code)			Alternate Number	

Answers to the following questions will be considered for volunteer services purposes if relevant to the assignment for which you are applying. Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? (Exclude minor traffic violations) no yes . If "yes," please give a detailed explanation about the nature of conviction and time since released from custody.

CERTIFICATION AND RELEASE OF INFORMATION:

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that any misstatement of fact may result in termination of volunteer status. All statements made on this application, including employment information, are subject to verification as a condition of volunteer services. I hereby authorize the release of information pertaining to this application, including confidential information, for official use by the Department of Children's Services. I understand that as a condition of volunteer service, I will be subject to a complete background check including background and criminal history checks, abuse and offender registry checks, child welfare system check, and license/insurance verification (if needed) prior to any service and on an annual basis thereafter for the duration of my volunteer service. I further understand that as a volunteer I may be exposed to some degree of danger in working with this population of clients.

Signature: _____ Date: _____

Regulations: Liability Statement

While performing duties of the agency, volunteers are ordinarily considered to be employees of the State for purposes of liability. They are generally entitled to the privileges and immunities conveyed therein, except for willful, malicious, or criminal acts, or for personal gain.

Volunteers are not covered under Worker's Compensation Insurance, but are normally covered by the Tennessee Claims Commission after the Volunteer Coordinator has reported volunteers by name and social security number to the DCS Statewide Volunteer Coordinator.

Signature: _____ Date: _____

FOR VOLUNTEER COORDINATORS ONLY

Application Approved:

Application Denied:

Reason for Denial _____

Date: _____

Signature: _____

Date Forwarded to Central Office: _____

**INSTRUCTIONS FOR USE OF FORM
CS-0319
Application for Service as a Volunteer**

This form is to be completed whenever anyone wishes to volunteer to do work with children in DCS custody. The form is to be completed by the prospective volunteer and the very bottom of the form (marked "For Volunteer Coordinators Only") is to be completed by the regional or facility volunteer coordinator. Once completed and returned to a volunteer coordinator, the process for volunteering with DCS has begun. Please see the [Volunteer Services Procedure Manual](#) for additional information.