



-----PLEASE READ---

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

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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:

Present Address:

street address

city/state/zip

Permanent Address:

street address

city/state/zip

Primary E-mail Address:

(Print Clearly)

County of Residence:

Driver's License #

Expires:

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 Number:

Major/Program of Study:

Anticipated Graduation Date:





**Volunteer Information:**

Location Desired for Volunteer Service:			
Type of Volunteer Activity Desired:			
Number of Hours Requested Per Week:	0-2 10-15	2-4 15-20	4-10 20-40
Can you use your car while volunteering?	YES	NO	
Do you have current automobile liability insurance?	YES	NO	(Attach copy of license, insurance card and vehicle registration)

**PLEASE FILL OUT THIS SECTION COMPLETELY:**

Current Employment:	Company Name:	Job Title:
Title of Immediate Supervisor:	Employed From: Start                      End	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):





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)                      Yes                      No

If "yes," please give a detailed explanation about the nature of conviction and time since released from custody.

**CERTIFICATION:**

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. All statements made on this application, including employment information, are subject to verification as a condition of volunteer services. I hereby give me permission for you to verify any information included in this application. 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:

**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**

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.



*Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.*

Distribution: *Volunteer Service File*

CS-0319

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