

SAVE THIS FORM TO YOUR COMPUTER, AND THEN OPEN IT. SELECT THE "SIGN" ON THE TOP RIGHT OF THE CORNER, AND FILL OUT THE FORM. SIGN THE SECOND PAGE (PERMISSION FOR BACKGROUND CHECK) USING THE "PLACE SIGNATURE" OPTION ON THE TOP RIGHT OF SCREEN. SAVE FORM TO YOUR COMPUTER AND THEN EMAIL AS AN ATTACHMENT TO:

KimKruise@align9.org

OR MAIL TO:

Align9, 407 Old Johnston Valley Rd., Kingston, TN 37763.

## Align9 Volunteer Application

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Birthday \_\_\_\_\_ Past Volunteer Experience \_\_\_\_\_

Organization	Position	Supervisor	Phone	Email

### Employment

Organization	Position	Supervisor	Phone	Email

Availability the days and times you are available):

Days of the week:

- |                                    |                                  |                                    |                                  |
|------------------------------------|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Saturday  | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Sunday    | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Evening |

How frequent will you be able to volunteer (e.g. weekly, semiweekly, monthly)

\_\_\_\_\_

Why do you want to volunteer with this organization?

\_\_\_\_\_

What are your hobbies, interests, and skills that could be used to help this organization?

\_\_\_\_\_

References:

Please give the name, phone or email of three non-family members who can provide references on your ability to perform this position.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

County(ies) you are interested in serving:     Roane     Morgan     Meigs     Loudon

Have you ever served in the military?     Yes     No

# Background Check Permission Form

I hereby allow [Align9] to perform a check of my background, including:

- Criminal Records
- Driving Records
- Employment Verification/Volunteer History
- Credit Reports
- Educational/Diploma Verification
- Personal references as appropriate for the volunteer job in which I have expressed an interest

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer positions and that all such information collected background check will be kept confidential.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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