

**EXHIBIT 1**

**TENNESSEE PUBLIC GUARDIANSHIP FOR THE ELDERLY PROGRAM**

**VOLUNTEER APPLICATION**

Date: \_\_\_\_\_

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

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

\_\_\_\_\_

Email: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you are currently employed, please state employer's name and telephone number:

\_\_\_\_\_

If you are not currently employed, please state type of work that you have done.

\_\_\_\_\_  
\_\_\_\_\_

Hobbies (Please List):

\_\_\_\_\_  
\_\_\_\_\_

Club Memberships (Please List):

\_\_\_\_\_  
\_\_\_\_\_

Do you drive? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you own a car? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Do you have car insurance? \_\_\_\_\_

How much time can you contribute to this volunteer activity?

\_\_\_\_\_ Hours per week \_\_\_\_\_ Weeks per month

Have you volunteered with elderly and/or handicapped individuals in the past? \_\_\_\_\_

Please describe these activities briefly: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please give a few comments on why you want to do this type of volunteer work.

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Is your health generally good? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any health or physical problems, which should be considered in making your volunteer assignment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the condition and your limitations. \_\_\_\_\_

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Have you ever been convicted of any criminal act? (Minor traffic violations do not count) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

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Please list three (3) references other than relatives.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

By signing this Volunteer Application, you are giving permission for the staff of the Public Guardianship for the Elderly Program to verify the information on the application form and authorizing the release of information by those individuals and agencies contacted.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date