



## MEMBERSHIP APPLICATION

**Our Mission:** The Upper Cumberland Adult Abuse Coalition exists to prevent abuse including neglect and exploitation of at-risk adults through networking, community resource development, awareness, advocacy, and education.

**Our Vision:** To increase awareness and decrease occurrences of abuse, neglect, and exploitation of at-risk adults within the Upper Cumberland region.

**Our Values:** We will embrace honesty, integrity, and confidentiality as guiding principles.  
We will respect people's life choices and value systems.  
We will respect the adult's right to self-determination.

This Coalition is organized and conducted as an outreach of the Upper Cumberland Area Agency on Aging and Disability as requested by the Tennessee Commission on Aging and Disability, and according to the Older Americans Act of 1965 as amended. It was formed in 2005.

To join the Upper Cumberland Adult Abuse Coalition, please complete this form and return to:

Sara Martin  
UCDD/AAAD  
1104 England Drive, Cookeville, TN 38501  
email [smartin@ucdd.org](mailto:smartin@ucdd.org) or fax: 931-476-4093

**Organization:** \_\_\_\_\_

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

**Title:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**The current employer conducted the background check:** YES      NO

\*\*\*\* The UCAAC Executive Committee reserves the right to conduct background checks on all potential members before recommendation for membership approval by the Coalition.

**Please briefly explain: Why you are interested in joining the Coalition, and your expectations from the Coalition.**

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**Signature of Applicant:** \_\_\_\_\_

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

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**FOR EXECUTIVE COMMITTEE ONLY:**

**Approval:** YES      NO

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