



Volunteer Application

For office Use:

VIP Date: _____

- Homebound
- Admin
- Background Check
- Commissary
- Outreach/Fundraising
- Drivers License
- Adult Day Care
- Senior Activity Center
- Donor Pro
- Auto Insurance

Applicant Information

Full Name: _____ DOB: _____
Last First M.I.

Address: _____
Street Address Apt/Unit #

_____ *City State ZIP Code*

Phone: Home: _____ Cell: _____

Email: _____

How did you hear of us? _____

Do you know of anyone receiving MOW? YES NO

If so, how what is your relation? _____

Have you ever been convicted of a felony? YES NO

(A conviction will not necessarily prevent you from volunteering with our Organization.)

If yes, explain: _____

Home Delivered drivers only
 List any moving violations: _____

Student Volunteers

High School: _____ Current Year: _____

References

Please list references (other than relatives)

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Most Recent Employment

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Responsibilities: _____	

Prior Volunteer Experience

Agency: _____	Phone: _____
Address: _____	Supervisor: _____
Responsibilities: _____	

Special Skills or Talents

- | | | | | | |
|---------------------------------|------------------------------------|----------------------------------------|--------------------------------------------|--------------------------------------|--------------------------------|
| Music <input type="checkbox"/> | Computers <input type="checkbox"/> | Singing <input type="checkbox"/> | Public speaking <input type="checkbox"/> | Fundraising <input type="checkbox"/> | Dance <input type="checkbox"/> |
| Acting <input type="checkbox"/> | Reading <input type="checkbox"/> | Story Telling <input type="checkbox"/> | Foreign Languages <input type="checkbox"/> | Networking <input type="checkbox"/> | Art <input type="checkbox"/> |

Other: _____

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Marital status	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>
Race	Asian <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Black/Not Hispanic <input type="checkbox"/>	Caucasian <input type="checkbox"/>	Hawaiian/Pacific Islander <input type="checkbox"/>	American Indian/Alaskan/Native <input type="checkbox"/>

Initials _____

I hereby grant Meals on Wheels Programs & Services of Rockland (the "Organization" or "Meals on Wheels") permission to use my photograph in conjunction with my name for reproduction in advertising, display, or editorial use.

I understand that I volunteer at my own risk and should I be injured or become ill in the course of volunteering; Meals on Wheels **DOES NOT** provide medical coverage. Workers compensation does not apply. I understand and agree that should I be asked to perform a task that I am not comfortable performing, for whatever reason, that I do not have to perform such task and will inform my volunteer supervisor of that decision.

I understand that I volunteer at my own risk and should I have an auto accident in the course of volunteering with the Meals on Wheels Programs & Services of Rockland, that the Organization **DOES NOT** provide auto insurance coverage to volunteers. All homebound drivers must provide a current proof of automobile insurance before they will be permitted to drive in the course of their volunteer service. I also understand that during the course of acting as a Meals on Wheels volunteer, I may learn certain information, including but not limited to the nature of the disability suffered by a meal recipient. I understand that such information is **strictly confidential** and that I will not disclose this information to any person or entity.

I give permission to Meals on Wheels to perform a criminal background check for the purposes of verifying my eligibility to volunteer to serve an elderly population. It is understood that my personal information will be kept confidential and secure and will not be used for any marketing purposes or shared with a third party without my permission.

Volunteers who have direct contact with Meals on Wheels program participants are required to complete a criminal background check for sexual molestation charges. The purpose of this form and pass is to collect the information needed to perform a criminal background check as required by our insurance carrier for our general liability insurance policy.

I understand that service hours are strictly for volunteering purposes and that all hours performed at Meals and Wheels will be without compensation or pay. I further understand that my volunteer service with Meals on Wheels is "at-will" meaning that I may stop my volunteer service with Meals on Wheels at any time and for any reason and Meals and Wheels may ask me to stop performing volunteer services for Meals on Wheels at any time and for any reason.

I understand that only approved volunteers are allowed to participate for Meals on Wheels Programs & Services. All participants 12 and older must have an approved volunteer application on file.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in my being asked to stop my volunteer service.

Signature: _____ Date: _____

Parent/Guardian Signature _____