

VOLUNTEER APPLICATION

All personally identifiable information on this form is confidential and for Meals on Wheels' use only.

*All volunteers must complete and **sign** this application and submit it to the office or your Program Coordinator before you begin to volunteer.*

Name _____
last first middle initial

Phone No. (____) _____ (____) _____ (____) _____
home work mobile

Mailing address _____
City State Zip Code

Emergency Contact _____ Phone No. _____
____ Male ____ Female Age Group: ____ under 60 ____ over 60

Current/former Occupation _____

OPTIONAL Ethnicity: ____ African American ____ White ____ Hispanic ____ Asian ____ Other

Other than English, what language(s) do you speak? _____

Meals on Wheels needs volunteers to do the following jobs. Check all areas where you are willing to help:

- Driver: delivers meals to clients
- Helper: assists driver
- Meal Distribution Assistant
- Clerical, e.g. help with mailings

Committees:

- Agency Operations: finance, personnel, insurance, Board Development
- Client/Volunteer Services: client and volunteer recruitment, marketing, food quality
- Fundraising: special events, direct mail

What days are you available: ____ Tuesday ____ Wednesday ____ Thursday

Are you available to substitute? ____ Yes ____ No (Substitutes are needed to fill in for regular volunteers who are unable to do their routes. If you can't commit to a regular day, this may work best for you.)

How did you hear about Meals on Wheels of the Salinas Valley? _____

Please list the organization(s) with contact(s) and phone number(s) where you have volunteered or write NONE.

BACKGROUND VERIFICATION

Have you ever been convicted of a felony? Yes No
(Conviction may not disqualify you from volunteering.)

Do you have a current California Driver's License? Yes No

Do you have any physical limitations that would prevent you from driving and delivering packages of not more than 10 - 15 pounds? Yes No

If yes, what are your limitations? _____

➤ If you are going to be a volunteer **DRIVER**, please complete this section:

California Driver's License # (attach copy) _____ Expiration Date _____

Auto Insurance Co. (attach copy of proof of insurance) _____

Policy No. _____ Expiration Date _____

Do you have automobile insurance with at least \$50,000 single limit liability or the equivalent (\$50,000 bodily injury for each person, \$100,000 bodily injury for each accident, and \$50,000 property damage for each accident)? Yes No

Do you understand that volunteer drivers receive no remuneration for their service? Yes No

Do you understand that your insurance is primary in the event of an accident or injury? Yes No

➤ Identification is needed from all volunteers. If your volunteer work for Meals on Wheels will not include driving, please provide one of the following:

California Driver's License # (attach copy) _____ Expiration Date _____

California Identification # (attach Copy) _____ Expiration Date _____

➤ If you are currently a **STUDENT** please complete this section:

School you attend _____ Phone # _____ Your age _____

Name of parent/guardian (if under 18) _____ Phone # _____

Student ID # (attach copy) _____ Date _____

➤ **Signature** _____ **Date** _____

-----For Office Use Only-----

Interviewed by: _____ *Date:* _____ *Trained by:* _____ *Date:* _____

Approved by: _____ *Date:* _____ *Actual Start Date:* _____