

Meals on Wheels Volunteer Application



Personal Information

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Birthday ____/____/____ (year optional)

Emergency Information

Last Name _____ First Name _____ MI _____

Phone number _____

Relation _____

Volunteer Information

Are you: Retired - From _____ Employed - Position _____
 Student - Major _____ Other _____

Volunteer Activity Options

Please check all that apply.

__ Delivery Driver

__ Office Work

__ Kitchen Work

__ Fundraiser Planning

What is your availability?

DAYS: Mon. _____ Tues. _____ Weds. _____ Thurs. _____ Fri. _____

Safety/Security Questions

1. Do you have a valid driver's license? Yes _____ No _____
2. Do you have car insurance as required by State? Yes _____ No _____
3. Have you ever been convicted of a felony? Yes _____ No _____

I hereby affirm that the information provided in this application for volunteer service with Meals On Wheels of Tippecanoe County, Inc. is true and correct to the best of my knowledge.

I understand that Meals On Wheels of Tippecanoe County, Inc. does not discriminate on the basis of race, color, sex, religion, national origin, ancestry, citizenship, age, physical or mental disability or sexual preference. I further understand that no question on this application is intended to secure information to be used for such discrimination.

I further state that if I am applying for driving a delivery route for Meals On Wheels, I have a valid driver's license and current automobile insurance.

I will not hold Meals On Wheels of Tippecanoe County, Inc. responsible for anything that may happen to my person or property while engaged in the activities associated with my volunteering for the above named Agency.

I have read and understand the above. I agree to abide by the terms.

Signed _____

Date _____

CONFIDENTIALITY STATEMENT

The clients of Meal On Wheels of Tippecanoe County, Inc. have the right to their privacy. It is the responsibility of every volunteer to respect and protect that right, and to maintain client confidentiality at all times, both during the service period and after.

Toward this end, all volunteers should refrain from discussion of our clients, their conditions or any phase of their personal affairs other than with the necessary agency personnel needed to provide the service to them.

As a volunteer, I will dispose of the delivery route sheet that contains client information according to the direction of the Agency.

I have read and understand the above. I agree to abide by the terms.

Signed _____

Date _____