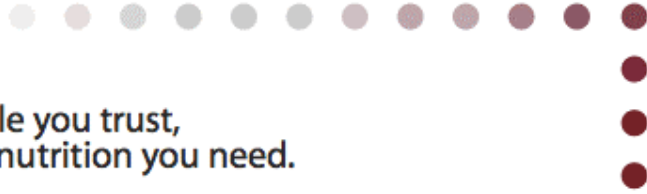




the people you trust,
the nutrition you need.



VOLUNTEER APPLICATION

NAME _____ **MAIDEN** _____

ADDRESS _____
Zip Code

HOME PHONE _____ **CELL** _____

BIRTHDATE _____ **TEXT** _____

DRIVER'S LICENSE # _____

OF MOVING VIOLATION W/IN PAST 8 YRS _____

EMAIL _____

EMERGENCY NOTIFICATION:

NAME _____ **RELATIONSHIP** _____

TELEPHONE _____

VOLUNTEER PREFERENCE INFORMATION:

DRIVER _____ **HOSTESS** _____ **REGULAR** _____ **SUBSTITUTE** _____

DAYS AVAILABLE (circle) Mon Tues Wed Thurs Fri

MONTHS AVAILABLE Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

SEASONS AVAILABLE (circle) Winter Spring Summer Fall

EAST SIDE _____ **WEST SIDE** _____ **ALL ROUTES** _____

How did you find out about the Meals on Wheels of Evansville, Inc. program?

PERSONAL REFERENCE:

Name _____ **Relationship** _____ **Yrs** _____

Home Phone _____ **Cell / Text** _____ **Yes text**

Date Started ___/___/___



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Statement of Application For a Volunteer / Staff

In an effort to attract the highest quality staff and volunteers, an extensive inquiry may be made concerning my activities and character, and fully consent to and authorize such inquiries. This includes a criminal background check with the State of Indiana and Vanderburgh County, as well as references and a driving record check. I hereby waive all rights to claim that any request or investigation is an invasion of my privacy, since it is made with my consent and it is in my interest so I may be considered for a volunteer or staff position.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand and agree that any misrepresentation or omission of facts would exclude my being considered for being a volunteer or employee or for termination of my volunteer/employee relationship with Meals on Wheels of Evansville, Inc.

I agree to hold as confidential and will not disclose or release to any person or agency at any time, except where required by law, any information or document that identifies clients receiving Meals on Wheels of Evansville services without written consent of the individual or their guardian prior to the release or disclosure of information or documents. I understand that a breach of client confidentiality may result in my being removed from my volunteer position; and that release of confidential information might be cause for legal action.

I, _____,
First Middle Last Maiden

DOB ____/____/____ ,

Drivers License # ____/____/____ ,

hereby acknowledge that I have read and understand the above statements and I voluntarily sign this statement of application.

Applicants Signature Date

IMPORTANT NOTE: All information Meals on Wheels of Evansville, Inc. receives about clients is confidential – names, addresses, health conditions, etc. It is not considered a violation of confidentiality for volunteers to inform Meals on Wheels of Evansville of concerns about clients. Often volunteers are the first persons to recognize that a client is in poor health or has a problem needing attention.

Please do NOT identify clients by full name or address to ANYONE other than Meals on Wheels of Evansville staff. Thank you for your cooperation.



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DISCLOSURE UNDER FAIR CREDIT REPORTING ACT
AND
CONSENT TO PROCUREMENT OF CONSUMER REPORT
FOR EMPLOYMENT/VOLUNTEER PURPOSES

The undersigned hereby authorizes Meals on Wheels of Evansville, Inc. or its insurance agency, The Schutheis Insurance Agency, Inc. or its assigns to obtain copies of consumer reports, including a motor vehicle report, pertaining to me for employment / volunteer purposes, and for use in rating and /or underwriting insurance for which the above names employer/volunteer agency may apply, and any renewal thereof. I understand a consumer reporting agency may be used to obtain such reports, and I do hereby authorize such use.

Date _____

Full Name Printed _____
First Middle Last Maiden

Signature _____

Birthdate ____/____/____ Drivers Lic # _____ State Issued _____