



Meals on Wheels of Durham Volunteer Application Form

2522 Ross Rd. Durham, NC 27703
919-667-9424 – Phone; 919-667-9458 – Fax

NOTE: Information provided within this Volunteer Application remains confidential to *Meals on Wheels of Durham*

NAME (Mr. /Mrs. /Ms.) _____

ADDRESS _____
Street City Zip

PHONE (H) _____ (W) _____ (C) _____ E-MAIL _____

DATE OF BIRTH (Optional): ____/____/____ Educational Background :(Circle) College Grade School PHD

EMERGENCY CONTACT: Name _____ Relationship _____
Phone/s (H) _____ (W) _____ (C) _____

REFERENCE _____ PH: _____

EMPLOYER (If retired, please indicate former employer) _____

Are you representing a group or club? No Yes—please provide name and address: _____

Is volunteer interest in order to fulfill community service hours? No Yes—please provide contact name and phone: _____

Have you ever been convicted of a felony or misdemeanor classified as an offense against a person or family? No Yes
If Yes, please explain: _____

MEALS on Wheels of Durham IS REQUIRED TO HAVE THE FOLLOWING INFORMATION ON **ALL VOLUNTEER DRIVERS:**

Do you have a valid NC Driver's License? No Yes—Driver's License #: _____

Do you have current auto insurance? No Yes—Specify Insurance Company: _____

PLEASE INDICATE YOUR AVAILABILITY AND/OR PREFERENCES FOR VOLUNTEER SERVICE:

DAY(S) OF THE WEEK: Monday Tuesday Wednesday Thursday Friday Any Day

WEEK(S) OF THE MONTH: 1st Week 2nd Week 3rd Week 4th Week 5th Week Any Week

SUBSTITUTE: No Yes Days: _____ Other (specify): _____

SERVICES: DRIVER Yes No PACKER Yes No CAN DRIVE ALONE: Yes No

General Needs & Opportunities:

_____ Loading Food

_____ Administrative/Office/Clerical Assistance

_____ Packing and/or Loading Food

_____ Fundraising

_____ Driving

_____ Special Events

STATEMENT OF LIABILITY

Meals on Wheels of Durham is not responsible for personal injuries or property damage suffered or caused by a volunteer in connection with his or her volunteer activities. As a condition to serving as a volunteer, each volunteer is expected to maintain his or her own insurance covering these and other risks.

CONFIDENTIALITY STATEMENT

It is understood that as a volunteer of *Meals on Wheels of Durham* you will protect the privacy of all those we serve by maintaining strict confidentiality when discussing meal recipients and the nature of their health conditions. Under no circumstances should a volunteer from *Meals on Wheels* divulge recipient information to anyone outside the organization.

The information I have provided is complete and accurate to the best of my knowledge. I authorize Meals on Wheels of Durham, Inc. to verify the accuracy of my application by contacting previous employers and/or references listed. I also authorize Meals on Wheels of Durham, Inc. to make other inquiries of my personal or criminal background for the purpose of evaluating my qualifications for volunteer screening. This authorization extends for twelve (12) months from today's date. I understand that withholding or giving false information, Meals on Wheels of Durham, Inc., may with or without notice, reject my application to serve as a volunteer.

SIGNATURE: _____ DATE: _____

VOLUNTEER COORDINATOR SIGNATURE _____ DATE: _____

If the volunteer is under 18 years of age, the signature of a parent or guardian is required:

Please check all that apply. This child is permitted to:

- Assist in meal delivery by driving
- Assist in meal delivery by riding in the car of another volunteer
- Other (packing, loading, administrative work)

SIGNATURE OF PARENT/GUARDIAN _____ Date

FOR OFFICE USE ONLY

DATE VOLUNTEER SERVICE BEGAN:

ORIENTATION TRAINING COMPLETE:

ROUTE/S:

NOTES: