



Volunteer Application Form

2522 Ross Rd., Durham NC 27703
919-667-9424 (phone) 919-667-9458 (fax)

www.mowdurham.org

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

NAME: _____

ADDRESS: _____
Street City Zip

PHONE: (Home) _____ (Work) _____ (Cell) _____

EMAIL: _____

ARE YOU (the volunteer) **UNDER** 18 YEARS OF AGE? _____
Yes No

DATE OF BIRTH (optional): _____ / _____

EMERGENCY CONTACT: _____
Relationship

PHONE(s): (Home): _____ (Work) _____ (Cell) _____

EMPLOYER (If retired, please indicate former employer): _____

Do you belong to a club or group? _____ No _____ If YES, please provide name _____

Do you belong to a local house of worship? If so, please provide name: _____

How did you hear about volunteering with us? _____

Is your volunteer interest in order to fulfill community service hours? _____
Yes No

If yes, what type of community service hours are you looking to perform?

_____ For a school requirement
_____ Recommended by my attorney
_____ Court-ordered
_____ Other

Please provide contact name and number for your community service: _____

Have you ever been convicted of a felony or misdemeanor classified as an offense against a person or a family?

_____ Yes
_____ No

PRINTED NAME: _____

DRIVER'S LICENSE NUMBER _____ STATE ISSUED _____ EXP. DATE _____
Copy must be on file with Meals on Wheels

AUTOMOBILE INSURANCE _____ EXP. DATE _____
Copy must be on file with Meals on Wheels

STATEMENT OF LIABILITY: *Meals on Wheels of Durham is not responsible for personal injuries or property damage suffered by or caused by a volunteer in connection with his or her volunteer activities. As a condition of 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 of Durham divulge recipient information to anyone outside the organization.*

BACKGROUND CHECK ACCEPTANCE: *Meals on Wheels of Durham reserves the right to conduct criminal background checks on volunteers who will be interacting with meal recipients. The volunteer will always be given notice and a statement of their rights regarding such background checks in advance of conducting any such check. Meals on Wheels of Durham reserves the right, pending the results of such checks, to decline to allow a volunteer to deliver meals to their clients.*

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: _____