

Meals On Wheels of Sheboygan County Volunteer Application

Thank you for your interest in Meals On Wheels. Our application process needs to be very thorough to protect our clients' interests. **Please fill-out both sides and sign the back authorizing us to do a background check**, and know that you are joining a select group of caring, dedicated people, and that the information on this application will be confidential.

Date: _____

Name (first, middle, last): _____

Preferred name (e.g. Joe instead of Joseph): _____ Maiden name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Which number should we call first? _____

E-Mail: _____ Birthdate (month/day/year): _____

Gender: _____ Marital Status: Married Single Widowed Divorced Separated Other

Race: Non-minority African American Hispanic Native American Asian/Pacific Islander Other

Do you speak another language? _____ If so, what? _____

Employer/Retired from: _____ Retired yes no

Military Service (branch, years, location): _____

Please indicate any medical conditions or physical limitations we should be aware of: _____

Emergency Contact: _____ Relationship: _____

E.C. Address: _____

E.C. Home Phone: _____ Cell Phone: _____ Work Phone: _____

Please indicate the areas in which you would like to volunteer:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Sheboygan/Kohler/Falls Driver | <input type="checkbox"/> Oostburg/Cedar Grove Driver | <input type="checkbox"/> Courier Driver | <input type="checkbox"/> Kitchen Help |
| <input type="checkbox"/> Plymouth/Elkhart Lake Driver | <input type="checkbox"/> Howards Grove Driver | <input type="checkbox"/> Labeling Bags | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Waldo/Cascade/Random Lake Driver | <input type="checkbox"/> Bulk Delivery Driver | <input type="checkbox"/> Gardening | <input type="checkbox"/> Special Events |

What days of the week are you able to volunteer? _____

Referred by: _____ How did you hear about us? _____

For Office Use Only

- | | | | |
|--|--|---|-----------|
| <input type="checkbox"/> Background check sent | <input type="checkbox"/> Driver's license | <input type="checkbox"/> Added to MOW Scheduler | ID# _____ |
| <input type="checkbox"/> Background check received | <input type="checkbox"/> Insurance | <input type="checkbox"/> Recurring routes scheduled | |
| <input type="checkbox"/> Entered in database | <input type="checkbox"/> Added to Mail Chimp | <input type="checkbox"/> Other _____ | |

Driver's License Number: _____ Expiration Date: _____

Auto Insurance Company: _____

Policy Number: _____ Policy Expiration Date**: _____

****Current proof of insurance is required. Ask your agent to fax a certificate of insurance to MOW at 920-451-7013 or email to volunteers@freshmealsonwheels.org. We need updated copies each time you renew your policy.**

Can we put you on our sub list? [] yes [] no Can we call you with last-minute cancellations? [] yes [] no

Please indicate any preferences you have for substituting (only certain days or routes, etc): _____

Have you ever been convicted of a felony? [] yes [] no If yes, please explain. _____

Please list two references:

1) Name: _____ Relationship: _____ Phone: _____

Address: _____

2) Name: _____ Relationship: _____ Phone: _____

Address: _____

In the interest of serving the homebound of Sheboygan County I agree to uphold and abide by the policies and procedures of Meals On Wheels Of Sheboygan County, Inc. Meals On Wheels of Sheboygan County, Inc. (the Agency) strongly upholds the strictest level of volunteer, employee, and client confidentiality.

- I agree to abide by the Agency's policies on confidentiality.
- I agree not to discuss any client's living conditions, health concerns or financial status with anyone other than Meals On Wheels staff members.
- I agree not to copy or in any way reproduce information concerning any Agency participants.
- I agree not to solicit business or leave promotional materials with clients.

I authorize Meals On Wheels of Sheboygan County, Inc. to conduct a background check on me, which may or may not include, but not be limited to, contacting my references regarding my conduct and character.

Just as a volunteer may terminate his/her relationship with the Agency at any time for any reason, the Agency expressly reserves the right to terminate any volunteer at its sole discretion.

Signature

Date