

1A

## North Area Meals on Wheels Volunteer Application

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_  
Home Work Cell Phone

### Emergency Contact Information:

Emergency Contact Person:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**\*\*For Office Use Only\*\*\*\***

**Application Date:** \_\_\_\_\_

**Interview Date:** \_\_\_\_\_

**Active Date:** \_\_\_\_\_

**Reference Check Date:** \_\_\_\_\_

**Servetracker Date:** \_\_\_\_\_

**MOW Scheduler Date:** \_\_\_\_\_

**Orientation Date:** \_\_\_\_\_

**License/Registration:** \_\_\_\_\_

**Badge:** \_\_\_\_\_

**Community Svc Hrs # \_\_\_\_\_ Court ordered? \_\_\_\_\_**

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**Previous Volunteer work experience:**

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**Are you a High School or College Student? Yes No**

**School Name and Year graduated:** \_\_\_\_\_

**Volunteer position for which you are applying:**

\_\_\_\_\_  
Driver      Kitchen      Office

**Days and Times Available:**

\_\_\_\_\_  
Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

When can you begin? \_\_\_\_\_

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Do you own a vehicle?      Yes      No      Do you have a valid Driver's License?      Yes      No

Do you speak any language other than English?      Yes      No

Do you have any physical or mental health conditions of which North Area Meals on Wheels should be informed?    If yes, explain:

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Have you ever been convicted of a crime? \_\_\_\_\_

Do you hereby agree to a background check for any pending or previously committed crimes?

Yes      No

I agree I will maintain a current driver's license and auto insurance and will be willing to provide a copy if asked.

This information is true and correct to the best of my knowledge.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

North Area Meals on Wheels, Inc. assures that there shall be no discrimination against any volunteer or applicant for volunteering on the grounds of race, color, religion sex, national origin, age, sexual orientation or handicap.

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**North Area Meals on Wheels  
Volunteer Application Reference Form**

Name \_\_\_\_\_ Date \_\_\_\_\_

**Please list the name, address and phone # for each of the following. \*If you are not able to list employment, please provide us with 3 Personal and Character References.**

**Personal and Character References**

1.)

2.)

3.)

**Employment References**

1.)

2.)

**Other Volunteer Agencies/Organizations References (if applicable)**

1.)

2.)

North Area Meals on Wheels

**VOLUNTEER – WAIVER/DISCLAIMER**

I, \_\_\_\_\_ a volunteer of North Area Meals on Wheels agree and give consent to allow my picture/video to be taken in the context of me providing service on behalf of North Area Meals on Wheels. Such pictures and video may be used on newscasts and said pictures may appear in newspapers with my identity disclosed. I hold North Area Meals on Wheels harmless for any such broadcast or publication.

\_\_\_\_\_  
Name – Print \_\_\_\_\_  
Date

\_\_\_\_\_  
Name – Signature

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address

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## Volunteer Release Form North Area Meals on Wheels, Inc.

**THIS FORM MUST BE SIGNED AND TURNED OVER TO NORTH AREA MEALS ON  
WHEELS (NAMOW) BEFORE THE VOLUNTEER BEGINS WORKING**

I, the undersigned volunteer, hereby desire and agree to assist in one of the various operations of the North Area Meals on Wheels, Inc.

I further agree and understand as follows:

- That I am donating my time and services, and shall at no time be considered an employee of NAMOW, or an independent contractor under contract to the above-mentioned meals on wheels program;
- That I understand the volunteer work will include duties deemed necessary by a member of the NAMOW staff;
- That I assume full responsibility for my conduct and actions, including any injury or damages that may result while assisting at NAMOW;
- That I agree to indemnify, defend and hold harmless NAMOW, its officers and employees, from any and all claims, suits or liability whatsoever arising out of my assistance with the meals on wheels program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Volunteer (please print): \_\_\_\_\_

**If Volunteer is under the age of 18, the following must be completed by a parent  
or legal guardian:**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_, and I hereby consent to his/her participation in the above activities. I further agree to indemnify, defend and hold harmless North Area Meals on Wheels, Inc., its officers and employees, from all claims, actions, suits or liability whatsoever arising out of his/her assistance with the meals on wheels program.

Signature \_\_\_\_\_ Date \_\_\_\_\_



Corporate Screening & Investigative Group, LLC

## Authorization for Release of Information

I \_\_\_\_\_, acknowledge that this employer may check past employment records, references and other facts stated by me for the purposes of both pre-employment and post employment screening matters.

I hereby grant this employer permission to check any of the information on this form. In connection with and for the duration of my employment with this employer, I authorize all persons, schools, companies, internet accounts, corporations, credit bureaus, law enforcement agencies or government branches of the services to supply any information concerning my background and release them from any liability and responsibility arising from their doing so, except where my written statement upon this form specifically requests that no investigation be made. Disclosure of date of birth will not be used to determine suitability for employment. I understand it will be for identification purposes only. All information will be held in the strictest of confidence. I further understand that any misrepresentation of facts upon this form will be considered as cause for possible dismissal.

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**Name(s)-Print**

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**(AKA) Also Known As**

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**Address**

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**Drivers License Number and State**

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**Social Security Number**

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**Signature of Applicant**

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**Date of Birth**

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**Date Signed**