

Volunteer Application

Full Name: _____ Nickname: _____

Mobile phone: _____ Home phone: _____

Address: _____

City: _____ State: _____ Zip _____

E mail Address: _____ DOB: _____ Gender: _____

Group / Company Affiliation (if any): _____

Group Contact name: _____

Group Contact phone: _____ Email Address: _____

Employed by: _____

Occupation: _____ Race _____ Military Status _____

Have you ever been convicted of a crime / details: _____

Previous Volunteer Experience: _____

Why do you want to volunteer with Mobile Meals? _____

How did you hear about Mobile Meals? _____

Driver's License #: _____ Exp.: _____ Restrictions: _____


Automobile Insurance Co.: _____

Emergency Contact: _____ Relationship: _____

Phone 1: _____ Phone 2: _____

Non-Family Reference: _____ Phone: _____

Email Address: _____ Years known: _____

(Continue) 

Please select by checking volunteer choices:

Position of interest: Mobile Meals Delivery: _____ Congregate Site: _____

Note: _____

Days Available: Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____

Note: _____

Frequency: Daily: _____ Weekly: _____ Bi-weekly: _____ Monthly: _____ One-time: _____ Seasonal: _____

Note: _____

Geographical Preferences: North: _____ South: _____ East: _____ West: _____ Center City: _____ Any: _____

Note: _____

Will you drive in snow? Yes: _____ No: _____

Do you have 4WD? Yes: _____ No: _____ **Do you have GPS?** Yes: _____ No: _____

Please initial at each paragraph and sign below:

My signature below authorizes CAC Office on Aging to perform a check of my background, including criminal and driving records and personal references. _____

With my signature below I give permission to the Senior Nutrition Program and/or Mobile Meals to use my photograph and/or video image for commercial adverting purposes. This may include brochures and fliers, newspaper articles, social media, etc. Media coverage of Mobile Meals helps the program with volunteer recruitment, fundraising and public awareness. _____

As a volunteer for CAC Office on Aging programs, you may have access to certain private information concerning the participants of that program. By signing this agreement, you agree to maintain confidentiality and not divulge personal information except to CAC personnel. This confidentiality agreement applies while you are an active volunteer and after your volunteer service has ended.

I have received a copy of the Mobile Meals Handbook and agree to cooperate with the guidelines set forth in regard to Protocol / Code of Behavior. _____

I would like to hear more about volunteering: with the Connecting Hearts program _____; with the Power of the Purse fundraiser _____; in the Mobile Meals office _____

I verify that all information contained in this application is true to the best of my knowledge.

Print Name: _____ Last 4 digit of SSN: _____

Signature: _____ Date: _____