



# Volunteer Application

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

**Contact Information:** *Please print clearly and answer all questions*

**Name** \_\_\_\_\_ **Preferred Name (if applicable):** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Cell Phone Number** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Birthday** \_\_\_\_\_

**Are you volunteering with an organization** (work, school, church, etc.)? ☐ Yes ☐ No

If yes, what is the name of the organization? \_\_\_\_\_

**Emergency Contact Information:**

**Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Relationship** \_\_\_\_\_

**Availability and Preferences:**

**Volunteer opportunities of interest:** Are you interested in volunteering with any of the following programs? *Check all that apply*

☐ Meal Delivery ☐ Comfort Calls ☐ Grocery Shopper ☐ Office Assistance  
☐ Special Events ☐ AniMEALS

**When are you available to volunteer? Please check all that apply**

*Meal delivery takes place between 10 a.m.-1 p.m.*

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Flexible

**Are you available to be a substitute driver?** ☐ Yes ☐ No

**How many days per month are you available to deliver?** \_\_\_\_\_

**For office use only**

**Start Date:**  
**Assignment:**

**Why did you choose to volunteer with Meals on Wheels Rowan at this time?**

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**Do you need to fulfill community service hours?** ☐ Yes ☐ No

If yes, for what purpose (i.e. school, club, court-ordered, etc.) \_\_\_\_\_

**Would you like to be included on our mailing list?** ☐ Yes ☐ No

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### **Volunteer Agreement**

- I have current automobile insurance coverage for my vehicle and a current driver's license, and I will keep it for as long as I drive for Meals on Wheels Rowan.
- I have read, received, and agree to the following Meals on Wheels Rowan Volunteer Policies:
  - Meals on Wheels Rowan Conflict of Interest Statement
  - Meals on Wheels Rowan Confidentiality Policy
  - Meals on Wheels Rowan Liability Waiver
- Photo Release Statement: I authorize Meals on Wheels Rowan to use my photograph and name to further their mission. I understand that my photograph may be used in a wide variety of promotional materials, including newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, news releases, websites, social networking sites, and other print and digital communications.

**Print Name** \_\_\_\_\_

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

**If under 18, parent/guardian must sign below:**

**Print Name** \_\_\_\_\_

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



## Volunteer Agreements

### Liability Waiver

By signing this document, I voluntarily waive, release, and hold harmless Meals on Wheels Rowan of any liability due to accident or illness while performing volunteer services. I also agree for myself and any child/minor volunteer I am responsible for to follow all rules, procedures, and instructions that apply to my role.

Meals on Wheels Rowan is not responsible for personal injuries or property damage suffered or caused by volunteers in connection with their 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.

If I am allowing a child/minor to participate in the activity, I agree that I am a parent, legal guardian, or am otherwise responsible for the child/minor who is participating, and I release, waive, and discharge any legal rights that I may assert on behalf of them volunteering. Furthermore, I understand that Meals on Wheels Rowan provides no compensation, insurance, or worker's compensation coverage for my child or me.

### Confidentiality Statement

**The confidentiality of program participants is very important to us.  
Please read the below statement carefully:**

Meals on Wheels Rowan respects the privacy of all program participants. All volunteers are expected to maintain the confidentiality and the privacy of each participant, both past and present. Information regarding any program participant shall not be disclosed in a form that identifies the participant to any other person or agency. Volunteers will refrain from discussing participants with anyone except appropriate Meals on Wheels Rowan staff.

### Conflict of Interest Statement

Meals on Wheels Rowan asks you as a volunteer to:

- Avoid activity construed as a conflict of interest, i.e., neither accept loans or gifts of money or property from clients nor give gifts of money or property to clients, unless through an organized agency program.
- No solicitation is permitted.
- Refrain from offering medical, legal, or financial advice to clients. Any items of this nature should be referred to the Meals on Wheels Rowan staff.