



Volunteer Application

Date: _____

Name: _____ DOB: _____

Street address: _____ City: _____ Zip: _____

Phone (H): _____ (C): _____ Email: _____

Driver's License #: _____ Auto Insurance Company: _____

Emergency Contact (name and number): _____

I would like to be a:

- Regular driver (same route, same day each week)
- Substitute driver ("on call" or as needed & available, drive any route)
- Holiday driver (Thanksgiving, Christmas, New Year's Eve/Day)
- Shuttle driver for: Scottsville or Crozet (circle one)
- Meal packer (weekly or "on-call" substitute)**limited availability due to Covid-19 protocol*

Days Available: M Tu Wed Th Fri (circle all that apply)

Please provide us with two references who are not related to you:

Name	Email	Phone Number
1. _____	_____	_____
2. _____	_____	_____

Have you been convicted of a motor vehicle violation? Yes No

Have you been convicted of a criminal violation? Yes No

Are you currently under investigation for any felony charges? Yes No

If you answered yes to any of the above questions, please explain:

How did you hear about Meals on Wheels? _____

Office Use Only:

DB _____ SL _____ MC _____ DP _____ RC _____ VO _____

Please read and sign the following statements:

I hereby certify that all articles and attachments are true. I understand that all information on this application is subject to verification, and I consent to former employers being contacted regarding this application.

Signature Date

I understand that I may deliver meals to clients diagnosed with an infectious disease, as well as to clients who may have an infectious disease but do not know it.

Signature Date

I understand that in the course of my volunteer work with Meals on Wheels I may learn certain facts about clients being served that are of a highly personal and confidential nature, e.g. medical condition and/or treatment, living arrangements, finances, and familial and other relationships.

I understand that all such information must be treated as completely confidential and may not be shared with outside parties without express written consent. Any breach of confidentiality is inconsistent with Meals on Wheels' mission to provide a helpful service.

I agree to be discreet. I will discuss confidential information only with those who also work with Meals on Wheels, and then only when necessary to ensure proper dietary care and/or referral for additional needed services.

I agree to ask a staff member about any situation in which I have questions regarding issues of confidentiality, and/or possible violations of such confidentiality.

Signature Date

As a Meals on Wheels volunteer driver, I will be issued insulated meal carriers.

I understand that these meal carriers, which cost approximately \$125 each, are the property of Meals on Wheels.

I agree to take care of these carriers when they are in my possession and I agree to return any and all carriers I might have to Meals on Wheels upon termination of my volunteer service. If not, I may be asked to pay for my carriers.

Signature Date

**Thank you for volunteering with Meals on Wheels.
We will be happy to provide a copy of this application at your request.**

