



OFFICE USE ONLY:
 Training date _____
 Entered in db _____

Meals on Wheels Volunteer Application

Date: _____

Name: _____
Last First Middle Initial

Address City State Zip Code Township

Preferred Contact number: _____ Home Work Mobile

Alternate Contact number: _____ Home Work Mobile

E-mail: _____ D.O.B. _____

Is email checked? Weekly Bi-weekly Monthly

Have you ever been convicted or pleaded guilty to a crime or misdemeanor? Yes No

If yes, please explain below or back of this sheet. (Such acts are not an absolute bar to volunteering, but will only be considered in relation to specific assignments.)

Do you have any unresolved criminal or misdemeanor actions now pending against you? If yes, please explain. Yes No

Any previous volunteer experience? If yes, what? Yes No

Areas of Interest: Delivering Meals Clerical Board Committee

Are you able to: Walk Drive Lift meal containers

Availability: Monday Tuesday Wednesday Thursday Friday
 Weekly Biweekly Monthly Fill-In/Sub as needed

Delivery Routes Interested in: Greenfield New Palestine South
 Cumberland Fortville McCordsville Shirley Wilkinson

Do you have a valid driver's license? Yes No (please submit a copy of your license)

Do you have automobile insurance? Yes No (please submit a copy of your insurance card)

Company? _____ Policy Number# _____

In case of emergency, contact: _____
Name Telephone Number

References

List three references who are not relatives:

Name	Telephone Number
Name	Telephone Number
Name	Telephone Number

How did you hear about volunteering for Meals on Wheels of Hancock County?

Are you volunteering as a part of an organization, business, group or church? If so, please write the name.

I agree to serve as a volunteer and commit to the following:

1. To perform my duties to the best of my ability.
2. To adhere to the rules and procedures of Meals on Wheels of Hancock County and those written or unwritten guidelines regarding the confidentiality of the client and Meals on Wheels information.

I hereby certify that all information contained in this application is true and correct to the best of my knowledge.

I authorize the investigation of all statements contained in this application as may be necessary in arriving at a volunteer assignment decision, including reference checks and a criminal history background check.

I understand that, in the event of being accepted as volunteer, false and misleading information given through my application or interview(s) may result in discharge.

Applicant's signature

Date

Meals on Wheels of Hancock County, Inc.

VOLUNTEER DRIVER'S RELEASE

I, _____, in my association with Meals on Wheels of Hancock County, Inc. (hereinafter "MOW"), hereby agree to each of the following statements:

1. I shall be solely and entirely responsible for each and all of my acts or omissions, including but not limited to the use of my personal motor vehicle or any other form of transportation, my personal safety in walking and carrying meals, and my personal safety in interacting with MOW clients;

2. I hereby fully release and forever discharge MOW, (and if I do deliveries in conjunction with my employer, _____) from and against any and all liability, including but not limited to any and all claims, suits, complaints, causes of action, debts, injuries, breaches or any other liability, or any kind of character whatsoever, arising out of or relating to the performance of my volunteer services for MOW; and

3. I represent and warrant that I have, and will maintain throughout the period I am a MOW volunteer, liability and property damage insurance, with policy limits in accordance with Indiana law, for any motor vehicle or other means of transportation I may drive. I further represent and warrant that I have a valid driver's license and that I have no knowledge of any facts, conditions, or circumstances that would impair or preclude me from safely operating a motor vehicle, from safely walking with food containers and/or coolers in my hands, or from climbing steps with food containers and/or coolers in my hands.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE STATEMENTS.

Signature

Date

Policy Manual
Meals on Wheels of Hancock County

Policy #30

Title: Criminal Background Check

Effective Date: August 28, 2013

PURPOSE: Meals on Wheels of Hancock County is committed to providing a high quality, secure and safe environment for its employees, volunteers and clients. One practice that aids in providing a safe and secure work environment is the use of criminal background checks for prospective volunteers. Meals on Wheels of Hancock County will conduct criminal background checks for all volunteers who deliver meals to be aware of any non-expunged criminal or traffic offenses.

POLICY: Except as otherwise provided in this policy, a criminal background check shall be performed on each new volunteer for Meals on Wheels of Hancock County that delivers meals to clients. A criminal background check shall also be conducted on current volunteers that hold a similar position with this organization. Volunteers with access to vulnerable populations shall be subject to a criminal background check every four years, and shall be required to self-disclose criminal offenses including traffic offenses if that volunteer drives to deliver meals for Meals on Wheels of Hancock County.

PROCEDURE: The Executive Director shall follow these steps to insure proper background checks on all volunteers and authority to dismiss any volunteer who has a record that could be dangerous to clients or unsafe in delivering meals.

1. Potential volunteers shall complete the Authorization for an Indiana State Limited Criminal History Check form from the volunteer packet.
2. A valid background check shall be performed by a police agency or agent or by an officer of the Court for at least Hancock County, and preferably for the entire State of Indiana.
3. The Executive Director shall review each background check and at his/her discretion should decide if that individual qualifies to work as a volunteer with our organization.
4. The basis for rejection or termination of a volunteer shall include but not be limited to a criminal offense against a person (rape, battery, assault, murder, sexual misconduct, etc...) or theft of property in the previous ten (10) years or being labeled by the Court as a habitual traffic offender or being found guilty of one (1) DWI/OWI/DUI in the previous twelve (12) months.

This policy is to be included in all new volunteer packets, and distributed to all known current volunteers.

Authorization for an

Indiana State Limited Criminal History Check

Per Meals on Wheels of Hancock County Policy #30 any individual who has contact with a Meals on Wheels of Hancock County client will undergo a limited criminal history background check.

Please provide the following information and then sign and date the form authorizing Meals on Wheels of Hancock County to check your criminal arrest and conviction records and release on investigatory information possessed by any private or public employer or any state, local or federal agency.

NAME: _____
(please **PRINT** your name as it appears on your driver's license)

ADDRESS: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ GENDER: M or F

Signature: _____

Date: _____

FOR OFFICE USE ONLY	
Date Verified:	
Verified by Whom (Printed):	
Results:	
Date Executive Director Reviewed & Printed Name:	
Executive Director's Signature:	

Meals on Wheels of Hancock County, Inc.

CONFIDENTIALITY AGREEMENT

As a Volunteer, I will become familiar with various confidential information of Meals on Wheels of Hancock County, including but not limited to, customer and client lists, client personal information, and information pertaining to the operation of the business (hereinafter “confidential information”).

By signing below I understand and agree that I promise not to disclose, reveal or otherwise divulge any such confidential information to any person, company, firm or entity other than Meals on Wheels of Hancock County’s Executive Director or Program Coordinator; and further agree to return promptly to Meals on Wheels of Hancock County any records, customer lists and addresses, or other writings in possession which contain information related to or pertaining, in any respect, to confidential information.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE STATEMENTS.

Print Name _____

Date _____

Signature _____

