

Fresh Meals On Wheels of Sheboygan County Volunteer Application

Thank you for your interest in Meals On Wheels. Our application process is thorough to protect our clients' interests. **Please complete both sides and sign the back agreeing to confidentiality and authorizing a background check.** Know that you are joining a select group of caring, dedicated people. The information on this application is confidential.

Name (first, middle, last): _____ Date: _____

Preferred name (e.g. Joe instead of Joseph): _____ Maiden name: _____

Birthdate (month/day/year): _____ E-Mail: _____

Primary Phone # _____ [] Home [] Cell [] Work

Secondary Phone # _____ [] Home [] Cell [] Work

Preferred method of contact? [] Email [] Text [] Phone Call

Address: _____ City: _____ Zip: _____

Gender: _____ Marital Status: [] Married [] Single [] Widowed [] Divorced [] Separated [] Other

Race: [] Non-minority [] African American [] Hispanic [] Native American [] Asian/Pacific Islander [] Other

Employer/Retired from: _____ Retired [] Y [] N

Military Service (branch, years, location): _____

Any medical conditions/physical limitations we should know? _____

Emergency Contact _____ Relationship: _____

Primary Phone # _____ [] Home [] Cell [] Work

Secondary Phone # _____ [] Home [] Cell [] Work

Please indicate the areas in which you would like to volunteer:

[] Sheboygan Driver [] Oostburg/Cedar Grove Driver [] Courier Driver [] Kitchen Help
[] Sheboygan Falls/Kohler Driver [] Howards Grove Driver [] Labeling Bags [] Office Help
[] Plymouth/Elkhart Lake Driver [] Waldo/Cascade/Random Lake Driver [] Gardening [] Special Events

Which days of the week? [] Monday [] Tuesday [] Wednesday [] Thursday [] Friday [] Varies week-by-week

If you are interested in delivering meals, please answer the following. If not, please skip to next page.

Driver's License Number: _____ Expiration Date: _____

Auto Insurance Company: _____

Policy Number: _____ Policy Expiration Date: _____

About how often would you like to deliver meals? [] Weekly [] Bi-Weekly [] Monthly [] I'm flexible

Can we call you about filling in on delivery routes? [] Y [] N

Can we call you about filling in on delivery routes the day of? [] Y [] N

Have you ever been convicted of a felony? Y N *If yes, you are NOT immediately denied. Please explain below.*

Please list two references:

Name: _____ Relationship: _____

Phone: _____ Email Address: _____

Name: _____ Relationship: _____

Phone: _____ Email Address: _____

In the interest of serving the homebound of Sheboygan County I agree to uphold and abide by the policies and procedures of Meals On Wheels Of Sheboygan County, Inc. Meals On Wheels of Sheboygan County, Inc. (the Agency) strongly upholds the strictest level of volunteer, employee, and client confidentiality.

- I agree to abide by the Agency's policies on confidentiality.
- I agree not to discuss any client's living conditions, health concerns or financial status with anyone other than Meals On Wheels staff members.
- I agree not to copy or in any way reproduce information concerning any Agency participants.
- I agree not to solicit a business or leave promotional materials with clients.

I authorize Meals On Wheels of Sheboygan County, Inc. to conduct a background check on me, which may or may not include, but not be limited to, contacting my references regarding my conduct and character.

Just as a volunteer may terminate his/her relationship with the Agency at any time for any reason, the Agency expressly reserves the right to terminate any volunteer at its sole discretion.

Signature

Date

Revised 11/24

Office Use Only

ID # _____

BG check sent

Entered in Database

Driver's license

Added to Mailchimp

BG check received

Entered in Scheduler

Insurance

Orientation Scheduled

Approved Denied - Cause? _____