

MEALS ON WHEELS WEST VOLUNTEER REGISTRATION FORM

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

DATE STARTED: _____ **ROUTE(S):** _____ **BIRTHDAY:** _____

EMPLOYMENT: _____

HOME PHONE: _____

CELL PHONE: _____

FAX: _____

EMAIL: _____

DAYS AVAILABLE: PLEASE CIRCLE AS MANY AS YOU LIKE:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

DRIVER'S LICENSE NUMBER: _____ **EXPIRATION:** _____

AUTO INSURANCE CO: _____ **PHONE:** _____

AUTO INSURANCE POLICY NUMBER: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE (FELONY OR MISDEMEANOR)? **YES** OR **NO**

IF YES, PLEASE DESCRIBE THE CRIME - STATE NATURE OF THE CRIME(S), WHEN AND WHERE CONVICTED AND DISPOSITION OF THE CASE.

(NOTE: NO PERSON WILL BE DENIED VOLUNTEERING SOLELY ON THE GROUNDS OF CONVICTION OF A CRIMINAL OFFENSE. THE DATE OF THE OFFENSE, THE NATURE OF THE OFFENSE, INCLUDING ANY SIGNIFICANT DETAILS THAT AFFECT THE DESCRIPTION OF THE EVENT, AND THE SURROUNDING CIRCUMSTANCES AND THE RELEVANCE OF THE OFFENSE WILL BE CONSIDERED.)

I AGREE TO INDEMNIFY AND HOLD MEALS ON WHEELS WEST HARMLESS OF ALL CLAIMS, DEMANDS, LOSSES, SUITS OR ANY OTHER DAMAGES OF ANY KIND ARISING FROM MY ACTIVITIES AS A VOLUNTEER FOR MEALS ON WHEELS.

SIGNATURE **DATE**

FOR OFFICE USE ONLY

VIDEO

VOLUNTEER PACKET

BACKGROUND CHECK