



Meals on Wheels Spokane Volunteer Application Form

1222 West 2nd Ave. Spokane, WA 99201
Phone: (509) 456-6597; Fax: (509) 458-7623

Note: Information provided within this Volunteer Application remains confidential to Meals on Wheels Spokane

NAME _____ Today Date _____
Last First Middle

ADDRESS _____
Street City Zip

PHONE (H) _____ (W) _____ (C) _____

E-MAIL _____ DATE OF BIRTH ____/____/____

EMERGENCY CONTACT: Name _____ Relationship _____

Phones (H) _____ (W) _____ (C) _____

EMPLOYER (if retired, please indicate former employer) _____

Are you representing a group or club? ___ No ___ Yes please provide name _____

Is volunteer interest in order to fill community service hours? ___ No ___ Yes- please provide contact name and phone:

Have you ever been convicted of a crime? ___ No ___ Yes

If yes, please explain _____

We are required to have the following information on all volunteer drivers.

Do you have a valid WA Driver's License? ___ No ___ Yes

Driver's License #: _____ Exp. Date: _____ State: _____

Do you have current auto insurance? ___ No ___ Yes

Insurance Company: _____ Policy #: _____

PLEASE INDICATE YOUR AVAILABILITY AND/OR PREFERENCE FOR VOLUNTEER SERVICE

Days of the week: Monday Tuesday Wednesday Thursday Friday Any Day

Preferred area: Southwest Southeast Northeast Northwest Downtown Any

Are you available on short notice? ___ No ___ Yes

Do you have access to a 4 wheel drive vehicle for use in case of inclement weather? ___ No ___ Yes

General Needs and Volunteer Opportunities:

___ Driving/Delivery

___ Fundraising

___ Administrative/Office/Clerical Assistance

___ Special Events

STATEMENT OF LIABILITY

Meals on Wheels Spokane is not responsible for personal injuries or property damage suffered or caused by a volunteer in connection with his or her volunteer activities.

I understand and agree to the condition that as a volunteer driver I am expected to maintain my own liability insurance for the duration of my service to Meals on Wheels Spokane.

CONFIDENTIALITY STATEMENT

It is understood as a volunteer of Meals on Wheels Spokane that I will respect the privacy of all clients by maintaining strict confidentiality when discussing meal recipients. I will make sure not to share any specific names or health information to anyone outside of Meals on Wheels Spokane.

The information I have provided is complete and accurate to the best of my knowledge. I authorize meals on Wheels Spokane to complete a Washington State criminal background check. I understand that misrepresentation by me in this application shall be sufficient cause for separation from Meals on Wheels Spokane.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Date Volunteer Began:

Route(s):

Schedule:

Notes: