

VOLUNTEER APPLICATION



FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

STREET ADDRESS – INCLUDE COMPANY NAME IF APPLICABLE _____ HOME WORK

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____ BIRTHDATE _____

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____ PHONE NUMBER _____

EMPLOYED _____ RETIRED STUDENT
EMPLOYER _____

HOW DID YOU LEARN ABOUT US _____

VOLUNTEER OPPORTUNITIES (PLEASE CHECK YOUR INTERESTS) <input type="checkbox"/> DRIVING A ROUTE _____ TOWN(S) PREFERENCE _____ <input type="checkbox"/> ASSISTING DRIVER _____ TOWN(S) PREFERENCE _____ <input type="checkbox"/> OFFICE <input type="checkbox"/> KITCHEN <input type="checkbox"/> MAINTENANCE _____ INDICATE SPECIFIC SKILLS YOU HAVE THAT APPLY AVAILABILITY <input type="checkbox"/> MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI	SAFETY (PLEASE CHECK IF YOU HAVE THE FOLLOWING) <input type="checkbox"/> VALID DRIVER'S LICENSE <input type="checkbox"/> CAR INSURANCE REQUIRED BY STATE <input type="checkbox"/> FELONY CONVICTION Veteran: Yes _____ No _____
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OFFICE USE ONLY: Date Application Received _____ Staff Initial _____ First Contact _____ Orientation _____ Training _____ Schedule _____
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MEALS on WHEELS
NORTHWEST INDIANA

AUTHORIZATION/CONSENT FOR BACKGROUND CHECK

The greatest priority of Meals on Wheels of Northwest Indiana is the safety and well being of our clients and staff. In an effort to protect our clients and agency, Meals on Wheels requires all new volunteers and prospective employees to submit to a background check before beginning service to our clients and agency. Thank you for helping us to preserve the integrity and reputation of our agency.

During the application process and at any time during the tenure of my employment or volunteer service with Meals on Wheels of Northwest Indiana, I hereby authorize Meals on Wheels of Northwest Indiana to obtain a consumer report which I understand may include information regarding my character, general reputation, or personal characteristics. This report may be compiled with information from courts records, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, or personal characteristics.

Applicant/Employee Name (Please Print)

Date

Applicant/Employee Signature

Social Security Number*

Date of Birth

(PLEASE PROVIDE COPY OF DRIVER'S LICENSE)

Driver's License #

*For identification purposes only

BACKGROUND VERIFICATION DISCLOSURE

The ChoicePoint National Criminal File provides an instant comprehensive search of multiple criminal record sources. A report will be obtained for the purpose of evaluating you for employment, volunteer service or a contracted position, including retention as an employee, volunteer or independent contractor. This report may contain information bearing on your character, general reputation, and personal characteristics from public or private record sources. Information obtained per this release will be used solely to determine an applicant's eligibility to serve as an employee or volunteer in the Meals on Wheels program and will not be shared or released to any other party or entity.

**8446 VIRGINIA STREET, MERRILLVILLE, INDIANA 46410
219/756-3663**

8446 Virginia Street
Merrillville, Indiana 46410
219-756-3663

VOLUNTEER AFFIRMATION

I hereby affirm that the information provided in this application for volunteer service with Meals on Wheels of Northwest Indiana, Inc. is true and correct to the best of my knowledge.

I understand that Meals on Wheels of Northwest Indiana, Inc. does not discriminate on the basis of race, color, sex, religion, national origin, ancestry, citizenship, age, physical or mental disability or sexual preference. I further understand that no question on this application is intended to secure information to be used for such discrimination.

I further state that if I am applying for driving a delivery route for Meals on Wheels, I have a valid driver's license and current automobile insurance.

I understand the commitment I am making to Meals on Wheels includes the willingness on my part to drive a route as scheduled, come into the office as scheduled and/or work in the kitchen for a two-hour period.

I will not hold Meals on Wheels of Northwest Indiana, Inc. responsible for anything that may happen to my person or property while engaged in the activities associated with my volunteering for the above named agency.

I understand that clients of Meal on Wheels of Northwest Indiana, Inc. have the right to their privacy. It is my responsibility to respect and protect that right, and to maintain client confidentiality at all times, both during the service period and after.

I will refrain from discussion of our clients, their conditions or any phase of their personal affairs other than with the necessary agency personnel needed to provide the service to them.

I have read and understand the above. I agree to abide by the terms.

Signed _____

Date _____

***Please see reverse side for application.**



8446 Virginia Street, Merrillville, Indiana 46410
219/756-FOOD

Mission Statement

To deliver nutritious meals to those in need with the support of community volunteers.

Code of Ethics for Volunteers

Meals on Wheels of Northwest Indiana, Inc. recognizes the critical role of its volunteers, and is extremely grateful for their dedication, their time and their caring.

Meals on Wheels asks, that as a volunteer, you adhere to the following principles...

PERFORMANCE STANDARDS

- *To perform your service to the best of your ability, maintaining the client's interests as your primary focus*
- *To maintain an environment free of harassment (physical, sexual, or verbal), discrimination and unprofessional conduct*
- *To refrain from false, misrepresented or omitted information on a volunteer application and understand that Meals on Wheels cannot accept applications with such information*

CONFIDENTIALITY

- *To observe, maintain and protect confidentiality regarding clients, and to avoid sharing information with anyone that identifies clients*
- *To keep confidential any propriety or privileged information involving staff members or other volunteers.*

CONFLICT OF INTEREST

- *To avoid activity construed as a conflict of interest*
- *To not accept loans or gifts of money or property from clients*
- *To not give gifts of money or property to clients, unless through an organized agency program*
- *Please refrain from offering medical, legal, of financial advice to clients*

RESPECT OF CULTURAL, RELIGIOUS AND POLITICAL BELIEFS

- *To respect the cultural, religious and political views of clients and refrain from imposing your cultural, religious, and political views on clients*

CONFIDENTIALITY STATEMENT

The clients of Meal On Wheels of Northwest Indiana, Inc. have the right to their privacy. It is the responsibility of every volunteer to respect and protect that right, and to maintain client confidentiality at all times, both during the service period and after.

Toward this end, all volunteers should refrain from discussion of our clients, their conditions or any phase of their personal affairs other than with the necessary agency personnel needed to provide the service to them.

As a volunteer, I will dispose of the delivery route sheet that contains client information according to the direction of the Agency.

***I have read and understand the above.
I agree to abide by the terms.***

Signed _____

Date _____

Individual Release and Consent

I, the undersigned, hereby irrevocably consent to the unrestricted use by Meals on Wheels of Northwest Indiana, its divisions, subsidiaries, successors and assigns, of my name, sound recordings of my voice and any photographic portraits or pictures of me, and the negatives, transparencies, prints or digital information pertaining to them, in still, single, multiple, moving or video format, along with any reproduction thereof.

I hereby waive any right I may have to inspect or approve the finished products or reproductions that may be used in connection with the images taken of me, or the uses to which they may be applied. I further release Meals on Wheels, its divisions, subsidiaries, successors and assigns, from any claims arising out of or in connection with the use of materials produced hereunder.

Meals on Wheels reserves the right to discontinue use of photos without notice.

_____ I do not give my release and consent. I take full responsibility to remove myself from the area photographed.

NAME: _____

SIGNATURE: _____

PHONE: _____

DATE: _____