



**VOLUNTEER PROFILE**

Thank you for your interest in being part of our "Special Delivery Team". Please complete the below information for recordkeeping purposes.

**Contact Information**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone \_\_\_\_\_  
City \_\_\_\_\_ State / Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Birth Date \_\_\_\_\_  
How did you hear about Beloit Meals On Wheels? \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Background Information**

Occupation \_\_\_\_\_  
Employer / School \_\_\_\_\_  
Retired from? \_\_\_\_\_

*Beloit Meals on Wheels does not provide transportation or compensate gas money for deliveries. All Meals on Wheels deliverers use their own vehicles and gas, and mileage may be tax deductible. All Meals on Wheels deliverers who are using a vehicle are required to have a valid drivers' license and auto insurance and must maintain both of these throughout their volunteer service with our agency. Beloit Meals on Wheels is not liable for accidents that occur during the deliverer's volunteer hours. Hence, having the vehicle insured is crucial.*

Driver's License (Please attach a copy of your Driver's License or Photo ID to application) \_\_\_\_\_

Vehicle Insurance Company (Please attach a copy of your Vehicle Insurance Card to application) \_\_\_\_\_

**Veteran Information**

Did you serve in the Military? If so, what Branch? \_\_\_\_\_  
Are you a volunteer of RSVP (Retired Senior Volunteer Program)? Yes  No   
If not, do you want information on RSVP? Yes  No

**Describe previous volunteer experience.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Availability & Service**

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Are you available to be a substitute driver or be on-call due to deliver when there are weather emergencies?  
Yes  No

Beloit Meals On Wheels offers volunteers an opportunity to deliver meals, help at fund raising events or assist in the office. If you are interested in volunteering in ways other than delivering meals, please indicate your skills and experience below:

**Skills & Experience**

**Skill Level (beginner, intermediate, advance)**

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**References**

Please list two people who can vouch for your reputation, character, and responsibility, and who have known you for at least two years (and are accessible by phone) - please do not list relatives.

Name		Home Phone	
Relationship		Cell Phone	
Name		Home Phone	
Relationship		Cell Phone	

*Beloit Meals On Wheels may contact my references and reserves the right to deny any application without disclosure of reason for denial*

**Release from Liability**

I, \_\_\_\_\_, acknowledge and agree that as a volunteer for Beloit Meals On Wheels, I will not receive any monetary compensation for myself, or any other form of remuneration from Beloit Meals On Wheels. I agree to hold harmless and hereby indemnify Beloit Meals On Wheels, if through the course of my volunteer work I am injured, become ill and/or require medical treatment. I hereby waive any claim, known or unknown, against Beloit Meals On Wheels, its officers, directors and/or employees resulting from such circumstances.

I realize that Beloit Meals On Wheels provides meals to the homebound elderly, ill and disabled in the Beloit area, and that during the course of my volunteer work I may learn information about those served. I understand that this information is **strictly confidential** and I shall never disclose of any of this information to any other person or entity.

I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a Beloit Meals On Wheels volunteer, I understand my obligation to fulfill my volunteer responsibilities to the best of my ability. I acknowledge and agree that in the case of extenuating circumstances, I am not obligated to serve as a Beloit Meals On Wheels volunteer. I understand once I am assigned to a volunteer placement I will be required to maintain monthly contact with the Beloit Meals On Wheels volunteer coordinator or Caller Coordinator for the purpose of scheduling, monitoring and assessing the client/volunteer relationship.

I consent to and authorize the use and reproduction by Beloit Meals on Wheels of any and all photographs and any other audiovisual materials taken of me (or my minor/ward) for promotional printed material, educational activities, and exhibitions or for any other use for the benefit of the program.

**I confirm that the information provided by me on this application is true and accurate as of the date of its completion. I am aware that my failure to provide accurate and/or complete information shall result in the discontinuation of my volunteer status.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

*Beloit Meals On Wheels will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability. Please note if you have any criminal charges pending or convictions you are NOT eligible to volunteer with Beloit Meals On Wheels and we cannot accept court-mandated community service.*