



VOLUNTEER APPLICATION

Thank you for your interest in joining our "Special Delivery Team"!
Please complete the below information for recordkeeping purposes.

Volunteer Name:		Home Phone:
Address:		Cell Phone:
City:		Work Phone:
State/Zip:		Primary Phone is: <input type="checkbox"/> Work, <input type="checkbox"/> Home, <input type="checkbox"/> Cell
Email Address:		Spouse of Volunteer <input type="checkbox"/> Yes <input type="checkbox"/> No
Birth Date (for grant application statistics): Day/Month/Year	Ethnicity (for grant application statistics):	Veteran (If so, Branch): <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about us:		

EMERGENCY CONTACT: (in case of accident while volunteering)	
Contact Name:	Best Phone:
Relationship:	Alternate Phone:

BACKGROUND INFORMATION
Occupation:
Employer/School:
Do you need us keep track of your volunteer hours or will these hours need to be reported? <input type="checkbox"/> Yes <input type="checkbox"/> No
Retired from?
Beloit Meals on Wheels offers volunteers opportunities to not only deliver meals, but to also help at fund raising events or assist in the office. If you are interested in volunteering in any capacity, please select from the following: <input type="checkbox"/> Meal Delivery <input type="checkbox"/> Fundraising Events <input type="checkbox"/> Committies <input type="checkbox"/> Office Work
<i>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, with mileage that may be tax deductible. All Meals On Wheels volunteers, who are using a vehicle, are required to have a valid drivers' license and auto insurance and must maintain both throughout their volunteer service with our agency. Beloit Meals On Wheels is not liable for accidents that occur during the deliverer's volunteer hours.</i>
<input type="checkbox"/> Driver's License <input type="checkbox"/> Vehicle Insurance (please provide a copy of each with this form)

VOLUNTEER AVAILABILITY

To meet our growing needs to serve more clients, we are asking each volunteer to dedicate an hour each month, or more if possible, to delivery of nutritious meals to our home-bound clients. Our software requires us to schedule our volunteers on a recurring monthly schedule.

Which day(s) are you available to deliver meals on a regular monthly basis?
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Do you prefer a specific week of the month?
 Week 1 Week 2 Week 3 Week 4

Do you prefer a specific route? _____

Are you part of an Organizational Team? _____

How would you prefer to be reminded of your schedule? email _____ phone text

Are you available to deliver as an On-Call Substitute Driver/Rider? Yes No

Which day(s) are you available to sub?
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Continued on Next Page

Do you prefer a specific week of the month to sub?

Week 1 Week 2 Week 3 Week 4

Do you prefer a specific route? _____

Do you have a specific delivery partner? _____

Are you willing to drive/sub on a holiday? Yes No

Are you willing to drive/sub in extreme weather situations? Yes No

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, Inc., I will not receive any monetary compensation for myself, or any other form of remuneration from Beloit Meals On Wheels, Inc.. I agree to hold harmless and hereby indemnify Beloit Meals On Wheels, Inc., 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, Inc., its officers, directors and/or employees resulting from such circumstances.

I realize that Beloit Meals On Wheels, Inc. 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, Inc. 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, Inc. 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, Inc. volunteer coordinator or Caller Coordinator for the purpose of scheduling, monitoring and assessing the client/volunteer relationship.

Beloit Meals On Wheels, Inc. 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, Inc. and we cannot accept court-mandated community service.

I consent to and authorize the use and reproduction by Beloit Meals On Wheels, Inc. 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 _____

Please return this application by mail or email (info@beloitmealsonwheels.org), or drop it off at our office at
424 College Street, Beloit, WI 53511