

Metroport Meals On Wheels Volunteer Application

Mr. Name: _____
Mrs. First _____ Middle _____ Maiden _____ Last _____
Ms. _____

Address: _____ Apartment _____

City: _____ Zip: _____

How long at this address? _____ If less than 3 years, list all addresses for the past three years:

Previous Address: _____ Apartment _____

City: _____ Zip: _____

Previous Address: _____ Apartment _____

City: _____ Zip: _____

Phone Home _____ Work _____ Cell _____ Fax _____

E-mail: _____ Date of Birth _____ Social Security # _____

Emergency Contact: _____ Daytime phone: _____

Employer: _____ Position: _____ May we call you at work: _____

Days Available:

Monday Tuesday Wednesday Thursday Friday Saturday

Driver's License # _____ State _____ Expires _____

Auto License no: _____ Car Make/Year _____ Model _____

Auto Insurance Co. _____ Policy number _____ Expiration date _____

How long have you been a volunteer for MMOW? _____ What year did you start volunteering? _____

In what capacities? _____

Do you have other skills such as Computer Writing Networking Telephone or Others
That you might share with MMOW? _____

Have you ever been arrested or convicted of any criminal offense? Yes No

If yes, please explain _____

Please list one professional/academic and one personal reference:

Name _____ Daytime phone: _____

Address _____ City _____ State _____ Zip _____

Name _____ Daytime phone: _____

Address _____ City _____ State _____ Zip _____

I hereby certify that all answers given by me o this application are true. I authorize Metroport Meals On Wheels, Inc. to write or telephone my references, and I release Metroport Meals On Wheels from any liability based upon such release.

Date: _____ Signed: _____

*It is the policy of Metroport Meals On Wheels to check references and conduct background checks on volunteers who will have independent access to participant's homes. Metroport Meals On Wheels utilizes the services of the Verify to conduct background checks on applicants. The consent form is supplied by Verify and must be signed by the applicant, regardless of the applican'ts county of residence, before process can be implemented. Please fill out this information completely, then return the application, liability and background check waivers and confidentiality agreement along with a **copy of your driver's license and your current insurance certificate** to*

W
B
H
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A
Assigned to:



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name METROPORT MEALS ON WHEELS
Contact Name DARLENE TERPENING	
Agency Main Phone Number 817-491-1141	Agency's Fax Number 817-491-0661

APPLICANT INFORMATION

Applicant Full Name (Last, First, MI)			
Current Address			
City	State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number	State Issued
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		

I hereby authorize **VERIFYI** and its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C. 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge **VERIFYI** and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to **VERIFYI** for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)

Unconditional Release and Indemnification Agreement

I understand that Metroport Meals On Wheels, Inc. (MMOW) is a nonprofit, tax-exempt corporation, one of the purposes of which is to provide nutritious meals and related services to individuals in northeast Tarrant, southern Denton and Wise counties, who are elderly, homebound, isolated or who are unable to cook or shop for themselves. I further understand that there are certain risks of personal injury and property damage or loss inherent in the delivery of meals to individuals at their homes and in the performance of services for individuals. I have volunteered my services to MMOW with full knowledge and awareness of these risks and hereby personally and voluntarily assume all risks of injury, damage or loss. In addition, I hereby unconditionally and irrevocably release MMOW and each of its officers, directors, employees and volunteers, and agree not to assert any claims or otherwise take any legal action, with respect to any injury, loss or damage to persons or property which arise out of or result from my performing volunteer services for MMOW. Further, on behalf of myself and on behalf of my family, estate, heirs, assigns or any other persons claiming by, through or under me, I hereby indemnify, defend and hold harmless MMOW and its officers, directors, employees and volunteers from and against any claims, actions, causes of action, liability, damages or losses sustained or suffered which arise out of or relate to my performing volunteer services for MMOW. In addition, I understand that (i) the execution of this Unconditional Release and Indemnification Agreement is a condition of MMOW allowing me to perform volunteer services on its behalf, (ii) MMOW relied on the agreements contained herein, and (iii) this Agreement shall be continuing in nature and shall automatically apply each time I am performing volunteer services on behalf of MMOW.

Signature _____ Date _____, 200__

Print Name _____

Signature of Parent or Legal Guardian _____
(if applicant is under the age of 18)

Confidentiality Agreement

I promise that I shall hold in confidence and not divulge any information regarding participants involved in Metroport Meals On Wheels, Inc. ("MMOW"). I will not violate the confidential relationship between MMOW, its participants, program and volunteers. I accept full responsibility for maintaining the confidential and private nature of all records and information entrusted to my care. I will return the route notebook and its contents to its assigned location at the completion of my delivery route.

Signature _____ Date _____, 200__

Print Name _____

Signature of Parent or Legal Guardian _____
(if applicant is under the age of 18)

Photo Release

I **DO**
 DO NOT

Consent to and authorize the use and reproduction by Metroport Meals On Wheels, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, and exhibitions or for any other use for the benefit of the program.

Signature _____ Date _____, 200__

Print Name _____

Signature of Parent or Legal Guardian _____
(if applicant is under the age of 18)

Volunteer Skills

Name: _____

Address: _____ City: _____

Home: _____ Work: _____ Cell: _____

MMOW frequently needs volunteers to assist with projects other than meal delivery. Please check any of the following volunteer opportunities that are of interest.

- Meal Delivery
- Senior Center Activities
- Languages spoken: _____

Would you be willing to provide any of the following services for our organization? Please check all that apply.

- Running errands
- Grocery shopping
- Resale Shop
 - _____ Tagging and sorting
 - _____ Display and merchandising
 - _____ Sales
 - _____ Merchandise solution
 - _____ picking up donations
 - _____ Inventory
- Golf Tournament
 - _____ Planning Committee
 - _____ Day of Tournament Volunteer
 - _____ Auction Committee
- Home repair for participants
 - Painting
 - Carpentry
 - Electrical
 - Plumbing
 - Fence repair
 - Yard work (mowing, trimming hedges, etc.)
 - Gardening (weeding, planting, etc.)
 - Other (please specify): _____
- Special Events Committee
- Mailings
- Marketing/Public Relations/Publicity
- Leadership
- Scrapbooking
- Speakers Bureau (marketing presentations about MMOW in the community)
- Graphic artist/designer
- Photography
- Computer skills
 - Hardware (please specify): _____
 - Software (please specify): _____
 - Website design (please specify): _____
- Other (please specify): _____