

**MEALS ON WHEELS OF BREVARD COUNTY
Volunteer Application/Registration**

Application Date: _____

NAME (MR./MRS./MS.) _____
LAST FIRST MIDDLE NAME

MAILING ADDRESS: _____ CITY: _____ STATE: FL ZIP: _____

HOME PHONE: _____ WORK/CELL Phone: _____

DATE OF BIRTH (MM/DD/YYYY): ____/____/____ Social Security # _____ - _____ - _____

Male ____ Female ____ Race: _____ Mother's Maiden Name: _____

DRIVER'S LICENSE NUMBER: _____ State of issued Driver's License: _____
(i.e. FL, NY, GA)

DRIVER'S LICENSE EXPIRATION DATE (MM/DD/YYYY): ____/____/____

FOR OFFICE USE ONLY	
VID:	_____
Area:	N S C P M
Group:	_____
Day(s):	M T W R F
Route(s):	_____ <input type="checkbox"/>
Photo taken:	
ID Issued:	<input type="checkbox"/>
Background Check:	<input type="checkbox"/>
Welcome Letter:	<input type="checkbox"/>
Data Input:	<input type="checkbox"/>

EMERGENCY CONTACT PERSON: _____ (Should not be a person who delivers with you.)
RELATIONSHIP: _____ HM PHONE: () _____ WK PHONE: () _____

Email Address: _____@_____

Are you a year-round resident of Florida? Yes No

How did you hear about this Meals On Wheels Volunteer Opportunity? RADIO TV RSVP NEWSPAPER FRIEND OTHER: _____

Are you a registered member of the Retired & Senior Volunteer Program (RSVP): YES NO

Do you have a vehicle available to make deliveries? YES NO

Do you have vehicle insurance? YES NO Company Name: _____ Phone Number: _____

Have you ever been convicted of or pleaded no contest to a driving offense? YES NO (If yes, please state type, date(s) and state of the conviction) Conviction of a driving offense is not an automatic disqualification for volunteer position. _____

Have you ever been convicted of or pleaded no contest to a criminal offense? YES NO (If yes, please state type, date(s) and state of the conviction) Conviction of a Criminal offense is not an automatic disqualification for volunteer position. _____

Please continue on reverse side.

DECLARATIONS:

I understand that this application is not a commitment or promise of a volunteer opportunity.

I certify that I have and will provide information throughout the selection process, that is true, correct and complete, to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on this application may be verified by the Meals On Wheels Program. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the MOW Program or my termination as a volunteer.

If selected as a volunteer for MOW I will maintain automobile coverage required under Florida Law, during my volunteer service. I understand that I am not an employee of Aging Matters In Brevard, and am not covered by Workers Compensation insurance. I understand, to protect clients, a routine background check will be performed. and a file containing required documents will be established. I understand that a criminal offense will not automatically exclude me from a volunteer position; however, certain convictions will exclude me from volunteering in some positions. I understand that information on this application will be held confidential by the MOW Program. As a volunteer for MOW of Brevard County, I understand that I will not reveal confidential information learned or obtained while fulfilling volunteer functions in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Further, I understand there will be no solicitation of clients and I can not accept gifts of any kind from MOW Clients. Furthermore, I understand my contact with clients is limited to delivering meals during the designated delivery time.

I have read, completed and understand this application and agree to abide by the procedures established by Meals on Wheels, a program of Aging Matters In Brevard.

Signature of Volunteer Applicant

Date

VOLUNTEER TRAINING RECORD

INITIAL ORIENTATION/OJT TRAINING ITEMS COVERED:

1. REVIEWED AND RECEIVED A COPY OF THE MOW VOLUNTEER JOB DESCRIPTION. _____ (Vol. Initials)

2. REVIEWED AND RECEIVED A COPY OF THE MOW VOLUNTEER HANDBOOK. _____ (Vol. Initials)

To include but not limited to:

“General Delivery Procedures”

“Emergency Response Procedures”

“Confidentiality Policy” and “Door Hanger Procedures”

3. REVIEWED ROUTE SHEET AND BEEN GIVEN A MAP OF THE ASSIGNED DELIVERY ROUTE. _____(Vol. Initials)

I certify I have reviewed this volunteer’s application and have covered the above listed training items with this volunteer.

Volunteer Coordinator Signature

Date