

EXCELSIOR SPRINGS HOME DELIVERED MEALS

VOLUNTEER APPLICATION

NOTE: Information provided within this Volunteer Application remains confidential to Excelsior Springs Home Delivered Meals.

TODAY'S DATE _____

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE/s (H) _____ (C) _____ (W) _____

Email _____

EMERGENCY CONTACT INFORMATION

NAME _____ Relationship _____

Phone/s (H) _____ (C) _____ (W) _____

Are you representing a group or club? ___ No ___ Yes

If yes, please provide name of group or club: _____

EXCELSIOR SPRINGS HOME DELIVERED MEALS IS REQUIRED TO HAVE THE FOLLOWING INFORMATION ON ALL VOLUNTEER DRIVERS:

Do you have a valid driver's license? ___ No ___ Yes Driver's License #: _____

Do you have current auto insurance? ___ No ___ Yes

Insurance Company & Policy Number: _____

PLEASE INDICATE YOUR AVAILABILITY AND/OR PREFERENCES FOR VOLUNTEER SERVICE:

PERMANENT ROUTE: ___ Yes ___ No If yes please check days below:

___ Any Day ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

SUBSTITUTE DRIVER: ___ Yes ___ No If yes please check days below:

___ Any Day ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

STATEMENT OF LIABILITY

Excelsior Springs Home Delivered Meals is not responsible for personal injuries or property damage suffered or caused by a volunteer in connection with his or her volunteer activities. As a condition to serving as a volunteer, each volunteer is expected to maintain his or her own insurance covering these and other risks.

CONFIDENTIALITY STATEMENT It is understood that as a volunteer of Excelsior Springs Home Delivered Meals you will protect the privacy of all those we serve by maintaining strict confidentiality when discussing when discussing meal recipients and the nature of their health conditions. Under no circumstances should a volunteer from Home Delivered Meals divulge recipient information to anyone outside the organization.

Signature _____ Date _____

If the volunteer is under 16 years of age, the signature of the parent or guardian is required.

Please check all that apply. This child is permitted to:

_____ Assist in meal delivery by driving

_____ Assist in meal delivery by riding in the car of another volunteer

Signature of Parent/Guardian
