

## Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Employer: \_\_\_\_\_  Retired  Unemployed

Group Affiliation (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Which volunteer programs and opportunities are you interested in? (Please check all that apply.)**

**MOWDR Program**

Administrative Support/ Office Volunteer

C.C. Café

Friendly Visitors

Meals on Wheels

**Volunteer Duties**

Various administrative tasks in the Walnut Creek office including: Answer phones, assist with filing and data entry, mailings, etc.

Check in guests, serve meals, set up and clean-up café as needed at any of our 6 locations in Contra Costa County

Get matched with a homebound senior and visit with them for a minimum of 1 hour each week

Deliver meals to homebound seniors from approx. 10:30 - 12:30 M - F. Choose the day and area in which you'd like to serve

**SCHEDULING (MOST VOLUNTEER OPPORTUNITIES REQUIRE A SIX-MONTH MINIMUM COMMITMENT):**

When are you available to volunteer? Please be specific:

| Day       | Time |
|-----------|------|
| Monday    |      |
| Tuesday   |      |
| Wednesday |      |
| Thursday  |      |
| Friday    |      |
| Saturday  |      |
| Sunday    |      |

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What geographic area do you wish to volunteer?  Tri Valley  Walnut-Hub  East County  Far-East County

Additional comments: \_\_\_\_\_

\_\_\_\_\_



**Please check any additional relevant skills that may apply/ hobbies/ interests:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Accounting        | <input type="checkbox"/> Filing                      | <input type="checkbox"/> Special event/ fundraising |
| <input type="checkbox"/> Board Member      | <input type="checkbox"/> Graphic design              | <input type="checkbox"/> Student                    |
| <input type="checkbox"/> Computer software | <input type="checkbox"/> Internship                  | <input type="checkbox"/> Typing                     |
| <input type="checkbox"/> Counseling        | <input type="checkbox"/> Master's degree candidate   | <input type="checkbox"/> Web design                 |
| <input type="checkbox"/> CPR               | <input type="checkbox"/> Photography/ film making    | <input type="checkbox"/> Written translation        |
| <input type="checkbox"/> Data entry        | <input type="checkbox"/> Public relations/ marketing | Hobbies: _____                                      |
| <input type="checkbox"/> Database software | <input type="checkbox"/> Receptionist                | Other: _____  |

**How did you hear about us?**

- |   |   |              |
|---|---|--------------|
| <input type="checkbox"/> Friend           | <input type="checkbox"/> Newspaper                        | Other: _____ |
| <input type="checkbox"/> Court Appointed  | <input type="checkbox"/> Internet                         | _____        |
| <input type="checkbox"/> MOWDR Newsletter | <input type="checkbox"/> Parish Community                 |              |
| <input type="checkbox"/> MOWDR Website    | <input type="checkbox"/> Volunteer Center of the East Bay |              |

Yes, I want to receive Meals on Wheels Diablo Region e-newsletters and program updates.

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**SCREENING QUESTIONS:** Our volunteer screener, Sterling Volunteers requests a \$22.50 fee to cover the cost of a background check. You have a choice to cover the cost of the screening - either in part or in full - off-setting this expense for MOWDR. If you do not choose to cover this charge, it will be absorbed by MOWDR. I am willing/ able to make this donation:  Yes  No

Date of birth: \_\_\_\_\_ I am a U.S. citizen:  Yes  No

I am in good health and free of communicable diseases:  Yes  No

Have you ever volunteered before?  Yes  No If yes, where? \_\_\_\_\_

Gender:  Male  Female

Level of Education:  High School  Bachelor's  Master's  PhD Area of Study: \_\_\_\_\_

Technical School/ Other: \_\_\_\_\_

My first language is: \_\_\_\_\_ Other languages? \_\_\_\_\_

**Ethnicity:**

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> Asian Pacific Islander | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Hispanic         | <input type="checkbox"/> White                           | <input type="checkbox"/> Other Race _____       |  |



**MEALS ON WHEELS VOLUNTEER AGREEMENT (INITIAL ALL)**

- \_\_\_\_\_ I understand that if I am selected for a volunteer assignment that requires a criminal background check, I have the option to make a \$22 donation—either in part or full—to MOWDR in order to cover this expense.
- \_\_\_\_\_ I will not divulge or discuss any confidential information including, but not limited to, private health information, financial situation, name, or home address of any MOWDR clients to anyone at any time, except my volunteer supervisor.
- \_\_\_\_\_ I give permission for any photograph, video, or audio of myself obtained during volunteer activities to be used in informational material for publicity on the web, print and social media and/or training purposes without compensation from MOWDR or its partners.
- \_\_\_\_\_ If I become a volunteer, I understand that my volunteering is terminable at will either by MOWDR or me, regardless of the length of my volunteering.
- \_\_\_\_\_ I will not accept any tips, donations, or gifts from clients.
- \_\_\_\_\_ I will not receive any compensation for mileage incurred while volunteering for MOWDR.
- \_\_\_\_\_ I will not volunteer under the influence of drugs or alcohol.
- \_\_\_\_\_ I will not attempt to sell, proselytize, promote any political opinions, or solicit any services to any clients at any time.
- \_\_\_\_\_ I will contact my volunteer supervisor as soon as possible if there is any change in my schedule or availability.
- \_\_\_\_\_ I will return any keys, computers, documents, and property of MOWDR at the end of my volunteer term.
- \_\_\_\_\_ I am at least 18 years of age. (If I am not, a parent or legal guardian’s signature is also required.)
- \_\_\_\_\_ I am at least 21 years of age. (If I am applying to become a Meals on Wheels driver.)
- \_\_\_\_\_ I understand that any misrepresentation or omissions on this application may be considered sufficient cause for rejection of this application. By signing this form I agree that the statements and conditions above are true and correct.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Guardian Name (if applicable)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

**Please send this completed application to Lee Davenport, Volunteer Development Associate at [ldavenport@mowdr.org](mailto:ldavenport@mowdr.org) or 1300 Civic Drive, Walnut Creek CA 94596**



**VOLUNTEER:** \_\_\_\_\_

Office use only: (write in DATE w/ year)

- \_\_\_\_\_ Agency Application Received
- \_\_\_\_\_ Program Specific Application Received
- \_\_\_\_\_ Agency Orientation/ Training Attended
- \_\_\_\_\_ Program Specific Orientation/ Training Attended
- \_\_\_\_\_ Auto Insurance Verification Received
- \_\_\_\_\_ Background Check Policy Shared
- \_\_\_\_\_ Disclosure & Authorization Form Received
- \_\_\_\_\_ Personal Data Form Received
- \_\_\_\_\_ Hold Harmless Agreement Received
- \_\_\_\_\_ References Checked
- \_\_\_\_\_ Background Check Completed
- \_\_\_\_\_ Active Date (Assigned Activity)
- \_\_\_\_\_ Inactive Date