



Meals on Wheels Diablo Region - Volunteer Application

Contact Information:

Date: _____ First Name: _____ Last Name: _____

Employer: _____ (Retired/ Unemployed – please circle)

Group Affiliation (if applicable): _____

Preferred Mailing Address: _____ City, State, Zip: _____

Preferred Phone: _____ (mobile phone required for MOW drivers/ home/ work – please circle)

Preferred email: _____

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

MOWSOS Program	Description	Yes!
Administrative Support/ Office Volunteer	Answer phones, assist with filing and data entry, mailings, among other administrative tasks in the Walnut Creek office	
C.C. Café	Check in guests, serve meals, set up and clean-up café as needed at any of our 6 locations in Contra Costa County	
Friendly Visitors	Become matched with a homebound senior and visit with them for a minimum of 1 hour each week	
Meals on Wheels	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	

What geographic area do you wish to volunteer? _____

Additional comments: _____



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

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

How did you hear about MOWDR?

Friend _____	MOWDR Website _____	Parish Community _____
Court Appointed _____	Newspaper _____	Volunteer Center of the East Bay _____
MOWDR Newsletter _____	Other website _____	Other: _____

I want to receive MOWDR e-newsletters and program updates: _____ Yes _____ No

Emergency Contact Information:

Name: _____ Phone: _____ Relationship: _____

Screening Questions:

When a volunteer has access to confidential information (Meals on Wheels Program, Fall Prevention, Office Volunteer) or visits a senior in their home (Friendly Visitor Program), MOWDR requests a \$22 donation to cover the cost of a background screening. 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:

African American _____	Hispanic _____	Decline to state _____
American Indian/ Alaskan Native _____	White _____	
Asian Pacific Islander _____	Other Race _____	



Meals on Wheels Diablo Region – Volunteer Agreement (please initial)

_____ I understand that if I am selected for a volunteer assignment that requires a criminal background check, I agree to make a \$22 donation 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.

_____ I understand that as a MOWDR volunteer that I am a mandated reporter and will be trained on this topic at my program specific orientation.

_____ 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

Signature Applicant

Date

Print Guardian Name (if applicable)

Signature Guardian

Date

Please send this completed application to:
Volunteers for Meals on Wheels Diablo Region
info@mowdr.org
925.954.8736 phone 925.946.1869 fax



Volunteer's Name: _____

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