



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

Special Projects

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.

Various duties as needed, including fundraising event support, creative services, 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:

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

How did you hear about us?

- Friend
 - Court Appointed
 - MOWDR Newsletter
 - MOWDR Website
 - Newspaper
 - Internet
 - Parish Community
 - Social Media, Billboard, Car Sign
- Other: _____

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

EMERGENCY CONTACT:

Name: _____ Phone: _____ Relationship: _____

SCREENING QUESTIONS: Because volunteers have access to confidential information, MOWDR requests a \$22 donation to cover the cost of a background screening. I can make this donation: Yes No (If no MOWDR will absorb the cost)

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 Non-Binary Prefer to self-describe Prefer not to say

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
- American Indian/ Alaskan Native
- Asian Pacific Islander
- Decline to answer
- Hispanic
- White
- 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 agree to make a \$22 donation to MOWDR in order to cover this expense (unless I am unable to).
- _____ 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

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 or 1300 Civic Drive, Walnut Creek CA 94596. C.C. Café Volunteer applicants may return it to Bonnie Paulson at bpaulson@mowdr.org.