



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	Volunteer Duties
<input type="checkbox"/> 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
<input type="checkbox"/> Administrative Support/ Office Volunteer	Various administrative tasks in the Walnut Creek office, including: Answer phones, assist with filing and data entry, mailings, etc.
<input type="checkbox"/> 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
<input type="checkbox"/> Friendly Visitors	Get matched with a homebound senior and visit with them for a minimum of 1 hour each week
<input type="checkbox"/> Special Events	Help with acquiring gifts, decorating, setting up and overall logistics

How did you hear about us?

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

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

When are you available to volunteer? Please be specific:

- Monday Tuesday Wednesday Thursday
 Time: _____ Time: _____ Time: _____ Time: _____
 Friday Saturday* Sunday*
 Time: _____ Time: _____ Time: _____ *For Special Events Only

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

Additional comments: _____

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

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: (_____) _____ - _____

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 TMOWDR. 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

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? _____

Level of Education: High School Bachelor’s Master’s PhD Area of Study: _____

Technical School/ Other: _____

My first language is: _____ Other languages? _____

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 or 1300 Civic Drive, Walnut Creek CA 94596.