

Are you vaccinated against Covid-19 (fully or partially)? Yes No I don't wish to answer

If no, do you plan on getting vaccinated against Covid-19? Yes No I don't wish to answer

Date _____ Name _____

Employed Retired Unemployed Employer/Retired From _____

Group Affiliation (if applicable) _____

Mailing Address _____

Preferred Phone (A mobile phone is required for our Meals On Wheels Volunteer Drivers) _____

Email _____

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

- Meals on Wheels (Delivery driver)
 General Office Help
 Cafés
 Friendly Visitors
 Special Events
 Other _____

SCHEDULING (Most volunteer opportunities require a six-month minimum commitment)

What days of the week are you able to volunteer? *For Special Events Only

- Monday Tuesday Wednesday Thursday
 Friday Saturday* Sunday*

In what geographic area do you wish to volunteer?

- | | | |
|--|--|--|
| <input type="checkbox"/> Antioch | <input type="checkbox"/> Crockett | <input type="checkbox"/> Oakley |
| <input type="checkbox"/> Alamo | <input type="checkbox"/> Danville | <input type="checkbox"/> Orinda |
| <input type="checkbox"/> Bay Point | <input type="checkbox"/> Discovery Bay | <input type="checkbox"/> Pinole |
| <input type="checkbox"/> Bethel Island | <input type="checkbox"/> El Cerrito | <input type="checkbox"/> Pittsburg |
| <input type="checkbox"/> Brentwood | <input type="checkbox"/> Hercules | <input type="checkbox"/> Pleasant Hill |
| <input type="checkbox"/> Byron | <input type="checkbox"/> Knightson | <input type="checkbox"/> Richmond |
| <input type="checkbox"/> Clayton | <input type="checkbox"/> Lafayette | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Concord | <input type="checkbox"/> Martinez | <input type="checkbox"/> San Pablo |
| | <input type="checkbox"/> Moraga | <input type="checkbox"/> Walnut Creek |

Additional Comments _____

How did you hear about us?

Friend
 Court Appointed
 MOWDR Newsletter
 MOWDR Website
 Newspaper
 Nextdoor
 Car Magnet
 Other Website
 Faith Community
 Radio Ad
 Facebook
 Television
 Billboard
 Presentation
 Other

EMERGENCY CONTACT:

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

SCREENING QUESTIONS: Our volunteer screener, Sterling Volunteers, requests a \$16.00 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

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 \$16.00 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.