MEALS on WHEELS DIABLO REGION

VOLUNTEER APPLICATION

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?

☐ Antioch
☐ Alamo
☐ Bay Point
☐ Bethel Island
☐ Brentwood
☐ Byron
☐ Clayton
☐ Concord
☐ Crockett
☐ Danville
☐ Discovery Bay
☐ El Cerrito
☐ Hercules
☐ Knightson
☐ Lafayette
☐ Martinez
☐ Moraga
☐ Oakley
☐ Orinda
☐ Pinole
☐ Pittsburg
☐ Pleasant Hill
☐ Richmond
☐ Rodeo
☐ San Ramon
☐ 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.

_____ 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

Please send this completed application to Mia Ledesma, mledesma@mowdr.org, or 390 N Wiget Ln STE 200, Walnut Creek, CA 94598

MEALS on WHEELS DIABLO REGION

390 N Wiget Ln, STE 200, Walnut Creek, CA 94598 • phone / 925.937.8311 • fax / 925.946.1869 • info@mowdr.org • www.mowdiabloregion.org

Audio/Video/Photo/Social Media Release Form

MEALS ON WHEELS
C.C. CAFÉS
FALL PREVENTION
COMPANIONSHIP
ARTFUL AGING
CARE MANAGEMENT

I,_____

(please print name)

residing at

_____

(address, city, state, zip code)

hereby grant Meals on Wheels Diablo Region (MOWDR) the right to use my picture, photograph, and/or voice recording in any and all forms of media and in all manners including, but not limited to, composite or edited forms, for MOWDR's use. I understand these images may be used by MOWDR for marketing purposes without my express written permission. I waive the right to inspect or approve the finished version(s) of such images including written copy that be created in connection therewith.

Signature _____

Date _____

Return this form to:
Meals on Wheels Diablo Region
390 N Wiget Ln, Ste 200
Walnut Creek, CA 94598

Or Email: mledesma@mowdr.org

Meals on Wheels Diablo Region
is a nonprofit
501(c)(3) organization
(IRS #68-0044205)

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MEALS ON WHEELS
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FALL PREVENTION
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CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement is made effective as of between _____ and Meals on Wheels Diablo Region (MOWDR).
Relationship of Parties: Volunteer/Employee and MOWDR.

Volunteer/Employee understands that the information contained in clients' individual files is of confidential and sensitive nature. Volunteer/Employee agrees to take all necessary precautions to protect the confidentiality of passwords, document storing, secure archives, hard copies and verbal information.

Volunteer/Employee agrees that no client information is to be removed from the office, divulged, disclosed or used for personal gain nor any other purposes without the authorization of the Chief Executive Officer or Department Manager.

MOWDR reserves the right to terminate this agreement at any time.

I acknowledge and agree that I have read and understand the above policy, and I further agree to conform to such policy.

_____ _____

Volunteer/Employee Signature Date

_____

Volunteer/Employee Name

Meals on Wheels
Diablo Region
is a nonprofit
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Meals on Wheels Diablo Region (MOWDR)

Volunteer Screening & Agreement Form

Thank you for your interest in volunteering with MOWDR. To ensure a safe and respectful environment for everyone, please read the following information carefully before signing.

All MOWDR volunteers are required to complete a background check. This is conducted through Sterling Volunteers and costs $16.00. You may choose to contribute this amount to help cover the cost, but it is not required. If you are unable or prefer not to pay, MOWDR will cover the full amount.

Volunteers should be in good health and free from any communicable diseases. If there are health concerns that may impact your ability to volunteer, please notify your volunteer coordinator.

You may have prior volunteer experience, but it is not required. Any language skills in addition to your first language are helpful, but also not required.

As a volunteer, you agree to the following:

- You will keep all client information private, including names, addresses, health information, and financial details. This information is only to be shared with your volunteer coordinator when necessary.
- You give permission for MOWDR to use photos, videos, or audio recordings of you taken during volunteer activities in printed materials, on the website, in social media, or for training purposes. No payment will be provided for this use.
- You understand that your volunteer role is not a contract or job. It may be ended at any time by either you or MOWDR.
- You agree not to accept any tips, gifts, or donations from clients.
- You will not sell, promote religious or political beliefs, or offer services to clients at any time.
- You will inform your volunteer coordinator as soon as possible if your availability changes.
- You will return any keys, paperwork, or property belonging to MOWDR when your volunteer service ends.
- You confirm that you are at least 18 years of age.
- You understand that any false or incomplete information provided may affect your eligibility to volunteer.

By signing below, you confirm that you have read and understood this form and agree to all terms listed.

Full Name (print): _____

Signature: _____ Date: _____

Certificate of Completion

Print Name: _____

Company/Agency: Meals on Wheels Diablo Region

This document certifies that the above mentioned individual has completed CDA's Privacy and Information Security Awareness Training and understands his or her responsibility for protecting CDA information assets.

CALIFORNIA DEPARTMENT OF AGING

Date Training Completed: _____

Signature: _____