

# Volunteer Application Form

## (Confidential Information)

*Thank you for your willingness to volunteer for Meals on Wheels. Please take a few minutes to provide us with information about yourself. Meals on Wheels has many volunteers who work in the program. The following information is confidential and is requested in order that we may meet current insurance requirements and serve both clients and volunteers effectively.*

Name \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

STREET OR PO box

City

State

Zip

*I understand that my automobile insurance will be responsible while I am driving for Bloomington/Eden Prairie Meals on Wheels and that the program does not provide this coverage. Please provide us a copy of your Driver's License and declarations page which show your limits of liability.*

*Have you ever been convicted of a crime? \_\_\_\_\_*

*The above information is correct to the best of my knowledge. I understand this form is confidential and its contents will not be released to anyone without my consent. In addition, I acknowledge that I have received and will follow the Bloomington/Eden Prairie Meals on Wheels Policies and Procedures for Volunteers.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Volunteer Applicant Release Statement

*Bloomington/Eden Prairie Meals on Wheels  
8400 France Ave S  
Bloomington, MN 55421*

*This document is to be completed for driver/delivery volunteer positions. This release is required to assess the volunteer's fitness for service. The background check process is used to help Bloomington/Eden Prairie Meals on Wheels provide a safe and secure environment for the employees, volunteers and adults who participate in our program.*

*I, \_\_\_\_\_ authorize Bloomington/Eden Prairie Meals on Wheels to obtain criminal history information for the Minnesota Bureau of Criminal Apprehension including conviction data. I agree to have this information released by the Minnesota Bureau of Criminal Apprehension. This investigation may involve other state agencies, and law enforcement agencies.*

*I understand that failure to reveal any requested information, or giving false information of the form or any application may be grounds for refusal to enlist my services as a volunteer with Bloomington/Eden Prairie Meals on Wheels. Furthermore, I understand that the results of said background check may disqualify me from continuing as a volunteer with Bloomington/Eden Prairie Meals on Wheels. I understand that this release is valid for the duration of my service and that Bloomington/Eden Prairie Meals on Wheels may choose to investigate my background at any time during my term of service. I hereby release Bloomington/Eden Prairie Meals on Wheels from any Liability arising from the preparation of the report or investigation relating thereto.*

*I have read and understand the terms of this authorization and agree to the terms stated herein.*

- 1. Print name \_\_\_\_\_*
- 2. Date of Birth \_\_/\_\_/\_\_*
- 3. Driver's License State \_\_\_\_ Number \_\_\_\_\_*
- 4. Signed \_\_\_\_\_*
- 5. Date \_\_/\_\_/\_\_\_\_*
- 6. Director \_\_\_\_\_*