



## Confidential Volunteer Application Form

Thank you for your willingness to volunteer for Meals on Wheels.  
The following information is confidential and an insurance requirement.

### PLEASE PRINT

Full Name (as it appears on driver license): \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_ Cell: \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Minnesota Driver's License # \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

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

- I understand that my information will be used to review my State of Minnesota Motor Vehicle Report.
- I understand that my information will be used for a background review from the Minnesota Bureau of Criminal Apprehension.
- I understand that my automobile insurance will be responsible while I am driving for Meals on Wheels and that the program does not provide this coverage.

**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 Meals on Wheels Policies and Procedures for Volunteers.**

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date