



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: ___ / ___ / ___ Email address: _____

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

Return to: Bloomington Eden Prairie Meals on Wheels, 8400 France Ave S, Bloomington MN 55431
blepmn@gmail.com (952) 835-1665

For office note - Group/Organization: _____

10/9/19 NMH