

***EAST HAMPTON MEALS ON WHEELS***  
***VOLUNTEER APPLICATION***

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Volunteer Experience \_\_\_\_\_  
Business Experience \_\_\_\_\_  
Do you speak a second language? \_\_\_\_\_ How fluent? \_\_\_\_\_  
Do you have any physical and/or mental restrictions? \_\_\_\_\_  
Do you have the use of a car? \_\_\_\_\_  
What days of the week are you available to drive? \_\_\_\_\_  
May we call you at the last minute to sub? \_\_\_\_\_  
In case of an emergency, please notify: Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

[ ] You have permission to use my name on the Web  
[ ] You have permission to use my photo on the Web

Signature: \_\_\_\_\_

References:

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bio:

Do you object to driving in ice and snow? \_\_\_\_\_

Would you be willing to pack bags and hot foods before drivers arrive? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you available year round? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, specify months available: \_\_\_\_\_

Please bring your driver's license and a copy of the 'Declaration Page' of your auto insurance.

***General Release***

It is hereby agreed and understood that, as a volunteer worker for the East Hampton Meals on Wheels, Inc., I will assume all risk in the performance of my duties; I shall be solely responsible and answerable for all injuries and accidents to myself or my property; and I agree to indemnify and hold harmless the East Hampton Meals on Wheels, Inc. from any and all claims, suits, lawsuits, damage or injury to persons or property of whatsoever kind and nature, whether direct or indirect, arising out of this operation.

I understand that I am to keep any and all information concerning clients or volunteers confidential at all times. I may discuss information ONLY with my driving partner or with the Meals on Wheels staff.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

Please sign and return to an East Hampton Meals on Wheels staff member. Your application will be kept confidential, and on file at the MOW office.

*Thank you.*