

EAST HAMPTON MEALS ON WHEELS
VOLUNTEER APPLICATION

Name _____

Mailing Address _____

Phone _____ Cell Phone _____ D.O.B. _____

E-Mail Address: _____

Volunteer Experience _____

Business Experience _____

How did you hear about us? _____

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

References:

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

Do you object to driving in ice and snow? Yes _____ No _____

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: _____

Have you ever been convicted of a crime? _____

Please provide us with a copy of your driver's license and a copy of your auto insurance cards proving insurance is current.

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 attest that I am physically capable of executing this job position. If at any time I become unable to physically perform this job position I understand I will be asked to cease volunteering.

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 _____

