



Volunteer Application

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City/State: _____ Zip: _____

Phone: _____ Alt/Cell Phone: _____

Emergency Contact: _____

Phone Number: _____ Relationship: _____

Email Address: _____ (for MOW mailing list)

How are you interested in helping? *(Volunteer times are between 10am and 1pm)*

Home-Delivery Driver Cafe Connect Assistant Special Events Fundraising

Back-up Driver **Availability:** M T W TH F

Location(s): Benicia Dixon Fairfield Rio Vista Suisun Vacaville Vallejo

How did you hear about us? _____

Previous Work/Volunteer Experience

Work Experience:

Volunteer Experience:

Please list two personal references with telephone number

1. _____ 2. _____

For Volunteer Drivers

As a Volunteer Driver for Meals on Wheels of Solano County, I understand that I will be subject to a background check for the safety of our clients and volunteers. I also understand that I must utilize my own privately owned vehicle for deliveries and maintain the Meals on Wheels of Solano County minimum liability insurance on the vehicle(s) being used for meal deliveries.

Copy of California Driver's License provided *Proof of insurance provided (with declarations page)*

Background Check Form Completed *Meals on Wheels Liability Waiver Signed*

Release

The undersigned volunteer hereby releases Meals on Wheels of Solano County, its agents and employees, from any liability or obligation arising from, or in connection with, the undersigned's volunteer activities with Meals on Wheels of Solano County.

Signature of Volunteer Date

Signature of Agency Rep Date

Main Office: 707-425-0638

Vallejo/Benicia: 1-800-788-5114

mealsonwheelssolano.org

Authorization to Background Checks

I acknowledge receipt of the separate stand-alone Disclosure and certify that I have read and understood it and this authorization. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by Meals on Wheels Solano County, Inc. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net. I also consent to have any legally required notices sent electronically.

I Have Read and Acknowledge These Terms

Disclosure to Background Checks

Meals on Wheels Solano County, Inc. ("the Company") may obtain information about you from a third-party consumer reporting agency for volunteer purposes. Thus, you may be the subject of a "consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may contain information regarding your criminal history, social security verification, and motor vehicle records ("driving records"). You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and to request a copy of your report. These searches will be conducted by IntelliCorp, 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122; Tel. No. 1.888.946.8355; www.intellicorp.net.

I Have Read and Acknowledge These Terms

Declaration of Insurance

Meals on Wheels of Solano County, Inc., requires all drivers to obtain a minimum liability insurance coverage to operate their vehicle in conjunction with MOWSC operations. The minimum required limits for MOWSC are:

- \$50,000 per person bodily injury
- \$100,000 total bodily injury
- \$5,000 property damage.

All changes to insurance policies must be reported to MOWSC immediately.

- Change in coverage
- Change in the insurance company
- Expiration of insurance

Meals on Wheels of Solano County is not liable in the event of an accident during the undersigned's volunteer activities. The undersigned volunteer hereby releases Meals on Wheels of Solano County, its agents, and employees, from any liability or obligation arising from, or in connection with, the undersigned's volunteer activities with Meals on Wheels of Solano County.

I Have Read and Acknowledge These Terms

Confidentiality Agreement

Each employee/volunteer/board member/contractor is responsible for safeguarding the confidential information obtained or accessed during the course of their responsibilities. During your work, you may have access to confidential information regarding Meals on Wheels Solano County (MOWSC), its clients, volunteers, or employees. You have a legal and ethical responsibility to prevent revealing or divulging any such information. Access to confidential information should be on a "need-to-know" basis and must be authorized by your supervisor. Any breach of this policy will not be tolerated, and legal action may be taken by MOWSC management.

Client records include protected health information that requires the proper handling and storage of records. When client files are not being utilized, they should be contained in a locked filing cabinet, lock box, or locked file storage area.

Any written or verbal form of information including organizational strategies, management decisions, processes, reports, financials, and business or strategic plans must remain confidential.

Employees/volunteers/board members/contractors shall not divulge, disclose, provide, or disseminate confidential information to any person in any manner at any time. The confidential information described above may affect the mission of the organization.

Employees/volunteers/board members/contractors shall attempt in every reasonable way to prevent intentional or unintentional unauthorized use or disclosure of confidential information. Employees/volunteers/board members/contractors should take reasonable steps to maintain confidentiality by avoiding inadvertent disclosure such as open doors, speaker phones, etc.

Failure to maintain confidentiality may result in termination of your service with MOWSC, or other corrective action. This policy is intended to protect you as well as MOWSC because in extreme cases, violations of this policy also may result in personal liability.

I have read MOWSC's Confidentiality Agreement presented above. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the agreement has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with MOWSC.

I Have Read and Acknowledge These Terms

First Name _____ Last Name _____

Signature _____ Date _____

PERSONAL DATA

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

DL State

Email address (may be used for official correspondence)