



VOLUNTEER APPLICATION
(Please print)

*** = REQUIRED INFORMATION**

For office use only:

Entered AR
Background Check
Entered Events
ED Approved
Orientation Folder
Training Route
Policies Signature
Badge

Date: _____

*Name: _____ Preferred Name _____

*Birth date: _____ Gender: ___ Male ___ Female

*Address: _____

*City/State/Zip: _____

* How long have you lived at this address? _____

*Email: _____

***Phone: (please provide at least one)**

Home Phone: _____ Work Phone: _____ Cell Phone: _____

(Only provide work# if we may contact you at work)

Do you accept text messages? ___yes ___no Best time to reach you by phone? _____

Congregation: _____

(This information is helpful when we meet with area religious leaders.)

How did you hear about us? _____

***Driving and Vehicle Information**

Driver's License Number _____ State _____ Exp Date _____

Auto Insurance Company: _____ Policy No.: _____ Exp date _____

Model year _____ Make _____ Model _____

License

Plate # _____ State _____ Exp Date _____

***Volunteer Interests (Check all that apply)**

Meal Delivery

Evanston
 New Trier Township
 Waukegan

Shopping Assistance

Grocery Shopping
 Other errands

Friendly Visiting

Phone Reassurance
 In-home Visits

- o I am willing to visit a person who smokes
- o I am willing to visit a person with pets? Dogs, Cats, birds

Office Assistance (shifts are from 10am-2pm M-F)

Data Entry/Reception

AVAILABILITY Meal delivery routes begin between 11-11:30am and take about two hours to complete. Please mark days you are available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

May we contact you for last minute requests or to fill in for a sick driver? _____yes _____no

How many miles are you willing to travel? _____

How often would you like to volunteer?

As often as needed 2 times/week 1 time/2 weeks
 3 times/week 1 time/week 1 time/month

***Emergency Contact:**

Name and Relationship _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Work Experience

Please list the names and addresses of recent employers. If none, leave blank.

Employer Name	Address	Phone	Dates Employed	Job Title/Duties
Current or Most Recent Employer:				

Previous volunteer experience (identify agency and type of activity):

I am a Veteran of the United States Military or Spouse of a Veteran.

Language

Please describe any language proficiencies other than English:

Other information about you that would help us place you as a volunteer (physical or medical limitations, education, skills, general interests, hobbies, etc): _____

Please return Volunteer Application, Background Disclosure and Volunteer Agreement to:

Meals at Home

1123 Emerson St, Suite 213
Evanston, IL 60201

Phone: 847-332-2678

Fax: 847-492-1037

Email: volcoord@mealsathome.org

BACKGROUND INFORMATION DISCLOSURE

Please answer the following questions as completely and accurately as possible. Answering affirmatively to any questions will not necessarily bar you from volunteering with Meals at Home. However, failure to comply with these requirements, or providing false information, will likely result in denial or termination of volunteer activities.

Name as it appears on Driver’s License or State Issued ID (first, middle and last)

1. Do you have criminal charges pending against you or were you ever convicted of any crime (not including traffic violations) anywhere, including federal, state, local, military and tribal courts?

Yes ___ No ___ If yes, list each charge, when it occurred and the city and state where the court is located. You may be asked to supply additional information including certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

3. Have you ever been convicted of a felony?

Yes ___ No ___ If yes, list each charge, when it occurred and the city and state where the court is located.

2. Has any government regulatory agency (other than police) ever found that you abused or neglected any person or client? Yes ___ No ___ If yes, explain, including when and where it happened.

I submit that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information will result in denial or termination of volunteer activities, and other penalties as provided under the law.

Printed Name: _____

Signature: _____ Date: _____

VOLUNTEER AGREEMENT and AUTHORIZATION

Thank you for applying to be a volunteer with Meals at Home. Please read and agree to the following:

- 1) Please note that, if your application is accepted, you will be a volunteer and not an employee of Meals at Home.
- 2) A background investigation will be conducted to evaluate your qualifications for working independently with receivers of service from Meals at Home.
- 3) I authorize the release of information to Meals at Home related to my potential volunteer responsibilities and I release all parties from any liability resulting from the release of such information.
- 4) **CONFIDENTIALITY:** It is imperative that all information regarding Meals at Home service receivers is treated with the utmost confidence and such information may only be released to anyone (including family members) with proper authorization. These restrictions include all types of communication: verbal, written and electronic, including social media.
- 5) I agree to abide by all Meals at Home Volunteer Policies and Procedures during my participation as a Meals at Home volunteer. Participation as a Meals at Home volunteer may be terminated at any time due to failure to comply with Meals at Home policies and procedures.
- 6) I release Meals at Home, its employees, agents, volunteers, donors and sponsors from any and all claims resulting from my participation as a volunteer with Meals at Home.
- 7) **AUTHORIZATION/CERTIFICATION** I authorize Meals at Home to conduct an investigation to determine whether I have ever been charged with a crime and, if so, the disposition of those charges. I authorize Meals at Home to request information and assistance from the U.S. Justice Department and the Illinois Department of Law Enforcement in the conduct of this investigation. I authorize Meals at Home to request and obtain my Motor Vehicle Record. I understand that information obtained as a result of my authorizing this investigation is confidential. I further certify that the information provided on this form is true and correct. I acknowledge that falsification of any information provided above and/or the results of the background check may be full and sufficient grounds to deny the application or may result in the termination of my volunteer position.

I have read and understand this Volunteer Agreement.

Printed Name: _____

Signature: _____ Date: _____

PARENTAL PERMISSION: Applicants under 18 are required to have parent/legal guardian permission to volunteer with Meals at Home.

I (print name) _____ agree that

(print name) _____ may participate as a volunteer with Meals at Home according to the terms of this Volunteer Agreement.

Parent/Legal Guardian Signature _____ Date: _____