WE ARE
Meals On Wheels
So no senior goes hungry™

SITE: _____

11600 Grand River Ave. Brighton, MI 48116
810-632-2155 Fax 810-632-2105

VOLUNTEER APPLICATION

The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Date: _____

E-Mail address: _____

Name: _____

Telephone: (C) _____ **Do you text? Yes / No (H)** _____

Address: _____

City: _____ **State:** _____ **Zip Code:**_____

PLEASE INDICATE VOLUNTEER DUTIES YOU WOULD PREFER:

_____**DRIVER (copy of driver's license and proof of vehicle insurance)** _____**OFFICE**
_____**SITE HOSTESS** _____**PACKING** _____**OTHER:**_____

Any special talents or skills that you have that would benefit our organization?

_____

Please indicate days available: Mon. Tues. Wed. Thur. Fri.

Times available: _____ **how often do you want to volunteer?** _____

Any physical limitations? _____

Emergency contact NAME: _____

Emergency contact PHONE: _____

As a volunteer of our organization I agree to abide by policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature_____ **Date** _____

SEZ Accounting & Management

11600 Grand River Ave

Brighton, Michigan 48116

<u>All of our volunteer and employees are requested to have a BACKGROUND CHECK</u>

Please do a driver's license number check and/or police background check on the following individual:

Full Name _____ Date of Birth _____
(first, middle initial, last)

Maiden Name / Other Last Name Used (if any): _____

Driver's License Number _____

Have you ever been convicted of a felony? _____

Have you had to participate in community service because of a court decision _____

I hereby authorize the release of the above requested information for both a driver's license check and police background check.

Your Signature _____

Date _____

MOW Person requesting information_____

SEZ Accounting & Management

LIVINGSTON COUNTY SENIOR NUTRITION
WESTERN OAKLAND
MEALS ON WHEELS PROGRAM

11600 Grand River Ave, Brighton, MI. 48116 (810) 632-2155 Fax (810) 632-2105

CONFIDENTIALITY STATEMENT

As an employee/volunteer of the Community Outreach Services Corporation, D/B/A Livingston County Senior Nutrition and Western Oakland Meals on Wheels Program, hereafter referred to as "Company". I understand that I will be exposed to information that may include, but is not limited to; medical, contact, financial and personal (hereafter referred to as "Confidential Information"). I agree that I will not disclose to any person or entity any such confidential information to which I am exposed during or related to the performance of my duties as an employee/volunteer.

I believe if I am required by law or court order to disclose confidential information, I will contact the Community Outreach Services Corporation, and I will not release any information without the written consent of that office.

All of my obligations of confidentiality and nondisclosure shall survive for a minimum of 3 years following the last date of my employee/volunteer service or until the information becomes part of the public domain, whichever is first.

Volunteer Signature: _____

Date: _____

Printed Name: _____

Street Address/City/State: _____

LIVINGSTON COUNTY SENIOR NUTRITION
WESTERN OAKLAND
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PHOTOGRAPHY RELEASE

As an employee/volunteer of the Community Outreach Services Corporation, D/B/A Livingston County Senior Nutrition and Western Oakland Meals on Wheels Program, hereafter referred to as "Company". I hereby authorize Meals on Wheels Program, to publish photographs taken of me on _____ __ ____ and my name and likeness, for use in the Meals on Wheels print, online and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless Company from any reasonable expectation of privacy or confidentiality associated with the images specified above.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in Company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release Meals on Wheels, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Volunteer Authorization

Signature: _____ Date: _____

Printed Name: _____

Street Address: _____