

**Lubbock Meals on Wheels
Volunteer Application**

Name _____ Spouse _____

a.k.a. _____

Address _____

City _____ State _____ Zip _____ Date of Birth _____

Phone (H) _____ (W) _____ (M) _____

E-Mail Address: _____

Emergency

Contact: _____ Relationship to Volunteer: _____

Phone (H) _____ (W) _____ (M) _____

Name of organization you represent as a driver _____

Presently employed _____ If so by whom _____

List previous volunteer experience _____

Volunteer position for which you are applying:

Meal Delivery Garden Office Kitchen Fundraiser

Indicate days and times you would be able to volunteer.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Weekends _____

Substitute Permanent When can you begin? _____

Indicate highest level of education attained _____

Indicate any languages you speak in addition to English _____

Have you been convicted of a felony or a crime involving moral turpitude?

Are you currently under indictment or do you have any criminal charges pending against you? _____

Do you have any physical or medical conditions of which Lubbock Meals on Wheels should be informed? _____

This information is true and correct to the best of my knowledge.

Volunteer Applicant's Full Signature _____

Date _____

**Lubbock Meals on Wheels
Volunteer Contract and
Confidentiality Agreement**

I will volunteer at Lubbock Meals on Wheels without monetary compensation.

I have read and understand the responsibilities outlined in the Lubbock Meals on Wheels Volunteer Handbook.

I will sign out and report volunteer hours to the Volunteer Director.

When I want and need information or support, I will ask the appropriate person.

I will be aware of my commitment to Lubbock Meals on Wheels and will communicate to the Volunteer Director when my commitment is waning.

If I decide to discontinue my volunteer participation, or if I am unable to fulfill the responsibilities outlined in the Volunteer Handbook, I will notify the Volunteer Director and **return the Lubbock Meals on Wheel's name badge.**

Confidentiality Agreement

I understand that ALL information regarding cases, recipients, and staff is strictly

confidential. Any questions should be directed to Lubbock Meals on Wheels staff. I also understand that confidential information is only given to me if it pertains to my volunteer duties and that no copies or originals of any confidential information must ever be removed from Lubbock Meals on Wheels offices. I further understand that, if I do not respect or maintain the confidentiality of all information given me through my volunteer duties, I am personally liable for its release and will be required to give up my volunteer position.

Volunteer Signature _____ Date _____

Volunteer Coordinator _____ Date _____



Lubbock Meals on Wheels, Inc.
Consent Form
to Check Criminal Record

I, _____ (print name) hereby authorize Lubbock Meals on Wheels to obtain information pertaining to any charges and/or convictions I may have had for federal and state criminal law violations. This information will include but not be limited to allegations and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, to the extent permitted by state and federal law.

Date of Birth _____

Driver's License Number _____ State _____

Expiration Date _____

Copy of Driver's License Required

Copy of Automobile Proof of Insurance Required

Signed _____ Date _____



New Volunteer Orientation Checklist

Volunteer Name:	Start Date:
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Welcome to the Organization

- Welcome the new volunteer
- Explain the history, purpose and mission of Lubbock Meals on Wheels
- Conduct a tour of the facility and volunteer center, with introductions to staff

General Information

- Parking (handicap parking)
- Review Volunteer Handbook given at orientation
- Importance of reporting on time, calling when absent, daily sign-out sheet, checking contents of coolers
- Rules of dress and personal grooming (shirt & shoes required)
- Volunteer Insurance/RSVP
- Volunteer Identification Badge

Organization's Benefits & Policies

- Holidays
- Obtain a copy of the volunteer driver's license and proof of auto insurance
- Review the Volunteer Contract & Confidentiality Agreement and place a signed copy in the volunteer's record
- Discuss Criminal Background Check (zero tolerance)
- Smoking policy
- Handgun policy
- Pet procedure
- Safety procedures
- Grievance procedures
- Volunteer Advisory Council

The above topics were presented during volunteer orientation.

Volunteer's Signature _____ Date _____

Volunteer Coordinator _____ Date _____

