



**NORTH AREA  
Meals on Wheels**

**North Area Meals On Wheels, Inc. Volunteer Application**

Page 1

Name:

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Address:

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Email: \_\_\_\_\_ When can you start:

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Phone number: Cell \_\_\_\_\_ Home/Other

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Position applying for: Driver \_\_\_\_\_ Kitchen \_\_\_\_\_ Office \_\_\_\_\_ Other \_\_\_\_\_

Are you 18 years of age or older: Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a student: Yes \_\_\_\_\_ No \_\_\_\_\_

Days and times you are available: \_\_\_\_\_

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*Complete the vehicle section only if it is required of the position:*

**Do you own a vehicle:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Valid driver's license:** Yes \_\_\_\_\_ No \_\_\_\_\_

*I agree that I will maintain a current driver's license and auto insurance and will be willing to provide a copy if asked.*

**Do you speak any languages other than English:** \_\_\_\_\_

**Do you agree to a Background Check for pending/committed crimes:** Yes \_\_\_\_\_ No \_\_\_\_\_

**List any previous volunteer work experience:**

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**Do you know or have been referred by anyone at NAMOW:** \_\_\_\_\_

I hereby certify that all of the information I have provided on this Volunteer Application is true and correct to the best of my knowledge. I understand that any falsification or omission of facts will disqualify me from further consideration of volunteer, withdrawal of any offer of volunteer or termination of volunteer work if already hired.

Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_



NORTH AREA  
**Meals on Wheels**

**Office use only:** Application Date: \_\_\_\_\_ Interview Date: \_\_\_\_\_  
Active Date: \_\_\_\_\_ Serv/Tracker Date: \_\_\_\_\_ MOW Scheduler Date: \_\_\_\_\_  
Badge: \_\_\_\_\_ Orientation Date: \_\_\_\_\_ License/Registration: \_\_\_\_\_  
Community Service Hours: \_\_\_\_\_ Court Ordered: \_\_\_\_\_ Insurance Card: \_\_\_\_\_

**Volunteer Release**

**Page 2**

I, the undersigned, hereby desire and agree to assist in one of the various operations of the North Area Meals On Wheels, Inc. I further agree and understand as follows:

- 1) I am donating my time and services and shall at no time be considered and employee of NAMOW, or an independent contractor under contract to the above-mentioned program.
- 2) I understand that volunteering with NAMOW does not entitle me to compensation, insurance coverage or other benefits.
- 3) I understand the volunteer work will include duties deemed necessary by a member of the NAMOW staff.
- 4) I assume full responsibility for my conduct and actions, including any injury or damages that may result while assisting at NAMOW.
- 5) I agree to indemnify, defend, and hold harmless NAMOW, its officers and employees from any and all claims, suits or liability whatsoever arising out of my assistance with NAMOW.
- 6) I give consent to allow my photo/video to be taken in the context of NAMOW. Photos and videos may be used on newscasts, broadcasts, newspapers, social media and any electronic or printed publications. Yes \_\_\_\_\_ No \_\_\_\_\_

If volunteer is under the age of 18, the following must be completed by a parent or legal guardian: I \_\_\_\_\_ am the parent or legal guardian of \_\_\_\_\_ hereby consent to his/her participation in the above activities. I further agree to indemnify, defend and hold harmless North Area Meals On Wheels, Inc., its officers and employees, from all claims, actions, suits or liability arising out of his/her assistance with NAMOW.

*I understand that this form does not constitute an application of employment. I understand that North Area Meals On Wheels Inc. does not promise or guarantee my volunteer service for any specified period of time. Either a volunteer or NAMOW may end the volunteer relationship at any time, for any reason, with or without cause or notice.*



**NORTH AREA  
Meals on Wheels**

Volunteer name (Print)

\_\_\_\_\_

Signature \_\_\_\_\_ Date

\_\_\_\_\_

*North Area Meals On Wheels, Inc. considers all applicants for all positions without regard to race, religion, creed, color, sex, age, national origin, disability, sexual orientation, gender identity or expression, transgender status, gender dysphoria, marital or family status, pregnancy, military/Veteran status, genetic information including predisposing genetic characteristics or carrier status, arrest / conviction record, domestic violence victim status, or any other protected class or status, in accordance with applicable federal, state and local regulations.*

*This page is to be filled out after the volunteer commits to a volunteer position*

**Authorization for Background Check**

**Page**

**3**

**Hold Harmless Statement**

I, \_\_\_\_\_ grant authorization to North Area Meals On Wheels, Inc. to perform a background check.

I authorize verification of all the information I have provided on this volunteer application and understand that additional information may be needed to consider my application for volunteer. I authorize all previous employers, educational institutions, references and other persons who have knowledge of me or my records to provide any and all information pertinent to my volunteer services and release the same from any liability resulting from providing such information. I also release this organization and all parties and persons from any and all liability for any damages that may result from furnishing such information. I understand that misrepresentation of any material fact may be cause for rejection of mu application or, if already hired, termination of my volunteer services. I also understand that if selected to volunteer, I am required to abide by all policies, procedures, rules and regulations of NAMOW.

**Please Print**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last  
Name \_\_\_\_\_

AKA (Also Known  
As) \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth

\_\_\_\_\_



**NORTH AREA**  
**Meals on Wheels**

Driver's License Number and  
State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date signed  
\_\_\_\_\_

### Emergency Contact Data

Contact Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Address:  
\_\_\_\_\_

Cell: \_\_\_\_\_ Home/ Other  
number \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship \_\_\_\_\_

Address:  
\_\_\_\_\_

Cell: \_\_\_\_\_ Home/ Other  
number \_\_\_\_\_

Page 4

### Your Skills and Interests

We are very grateful for the time you are willing to spend supporting NAMOW and realize that you may have additional time and/or skill sets that you are willing to share with this organization.

**Please check any area below that might interest you:**

\_\_\_\_ Working on our ongoing capital campaign \_\_\_\_ Becoming a NAMOW Board Member

\_\_\_\_ Building Maintenance (Gardening, cleaning, painting, carpentry, HVAC)

\_\_\_\_ Administrative Tasks \_\_\_\_ Computer skills \_\_\_\_ Fundraising



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**Meals on Wheels**

**Committee Work:**

\_\_\_ Finance Committee: Reviews financial reports, assists in budget presentations.

\_\_\_ Building and Grounds: oversight of the facility and equipment.

\_\_\_ Volunteer Support: advocates for and supports the volunteers of the organization.

\_\_\_ Marketing: prepares press releases, creates web site content, prepare and distribute  
information promoting NAMOW.

\_\_\_ Other: Please explain \_\_\_\_\_

Volunteer Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Revised 8/19/24