



VOLUNTEER APPLICATION

(806) 374-1521 | AmarilloMealsOnWheels.org

WE DELIVER MORE THAN JUST A MEAL

NAME: _____ BIRTHDATE: _____

HOME ADDRESS: _____ ZIP CODE: _____
(STREET ADDRESS **REQUIRED**)

HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

DRIVER'S LICENSE NO.: _____ AUTO INSURANCE CO.: _____

EMPLOYER: _____ ARE YOU RETIRED?: _____
(FORMER EMPLOYER IF RETIRED) (OCCUPATION)

MARITAL STATUS: _____ NAME OF SPOUSE: _____ SPOUSE OCCUPATION: _____

In case of emergency, who can we contact?: _____
(NAME) (DAY PHONE)

What inspired you to volunteer for Meals On Wheels? (newspaper, tv, friend, etc.): _____

CHECK ALL YOU WOULD BE INTERESTED IN:

- Regular Driver
- Interviewer
- Substitute Driver
- Carryout Helper at Hospitals (9:00-10:30 am)
- Snow Driver

LIST TWO LOCAL REFERENCES

1. _____
NAME (INCLUDE TITLE IE MR, MRS, MS) ADDRESS ZIP PHONE
2. _____
NAME (INCLUDE TITLE IE MR, MRS, MS) ADDRESS ZIP PHONE

Current Memberships (church, club, etc.): _____

Interests and Skills: _____

Days **UNABLE** to volunteer (if any): _____

1. Do you use illegal drugs? Yes No
2. Do you have an alcohol problem? Yes No
3. Have you ever been convicted of a criminal offense? Yes No
4. Has your driver's license ever been suspended or revoked? Yes No

If you answered yes to any of the above or if there is any fact or circumstance involving you or your background that would call into question your being entrusted as a Meals On Wheels volunteer, please explain:

I hereby certify that the above information is true and correct to the best of my knowledge. I also consent to Meals On Wheels of Amarillo, TX, Inc. contacting my personal references and requesting my background check.

SIGNATURE OF VOLUNTEER DATE

OFFICE USE ONLY

Training Date _____

Route _____ Perm _____ Sub _____

Group _____

System _____



BACKGROUND CHECK FORM

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DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with **Meals on Wheels of Amarillo, TX** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act (15 U.S.C. § 1681), will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect My Ministry, Inc., ("Protect My Ministry"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. Client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer with as a representative of Client. I understand that I have the right, upon written request made within a reasonable amount of time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect My Ministry, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-800-319-5581. For information about Protect My Ministry's privacy practices, see www.protectmyministry.com.

Acknowledgement and Authorization

By signing below, I authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of the federal notice entitled A Summary of Your Rights under the Fair Credit Reporting Act and certify that I have read this Disclosure and Authorization as well as the summary document explaining my rights under the Fair Credit Reporting Act.

SIGNATURE

TODAY'S DATE: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME/INITIAL: _____

HOME ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

SSN: _____ D/L or STATE ID: _____ STATE ISSUED: _____

HOME PHONE: _____ BUSINESS PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

For **identification** purposes only, please provide FULL Date of Birth: _____

Please List Other Names Used: _____