



## Senior Nutrition Program Volunteer Application

\_\_\_\_ I would like to volunteer with the Meals on Wheels Program.

\_\_\_\_ I would like to volunteer with the Groceries to Go Program.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City/Town Zip

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Email) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Telephone

Employed by: \_\_\_\_\_ Occupation: \_\_\_\_\_

Retired from: \_\_\_\_\_

Foreign languages spoken: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Tag #: \_\_\_\_\_

Are you presently carrying the minimum legally required auto insurance coverage? \_\_\_\_\_

How did you learn about SSA's Senior Nutrition Program? \_\_\_\_\_

Authorization to Conduct a Background Check with IntelliCorp Records, Inc.

The city of Alexandria requires that Senior Services of Alexandria conduct a background check for all new volunteers. We will advise you if the report contains any results that prohibit volunteer participation.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please provide us with two references you have known at least one year (not relatives) who we may contact to comment on your ability to volunteer. Please include daytime phone numbers if possible.

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

Address: \_\_\_\_\_  
                    Street                    City                    Zip

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

Address: \_\_\_\_\_  
                    Street                    City                    Zip

STATEMENT OF CONFIDENTIALITY

I, the undersigned, do willingly promise to hold in confidence all matters that come to my attention in the line of duty while volunteering for Senior Services of Alexandria's Senior Nutrition Programs—Meals on Wheels and Groceries to Go in the City of Alexandria, including material from and about clients and matters regarding colleagues. I will respect the privacy of the people who I serve and confer appropriately with those designated as my supervisors and or administrators. Further, I will use in a responsible manner information gained in the course of my service for these programs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date