



Senior Nutrition Program Volunteer Application

I would like to volunteer with: Meals on Wheels Program Groceries to Go Program

Name: _____ Date: _____
(last) (first) (m.i.)

Address: _____
(street) (city/town) (zip)

Contact Info, Select Primary Number:

(Home) _____ (Work) _____

(Cell) _____ (Email) _____

Birth Date: _____ SSN (background check required): _____ - _____ - _____

Employed by: _____ Occupation: _____

Retired from: _____ Former Occupation: _____

Educational Background: _____

Previous volunteer experience: _____

Interests/special skills: _____ Foreign languages: _____

How did you hear about Meals on Wheels/Groceries to Go? _____

--For Meals on Wheels Only--

Driver's License #: _____ State: _____

Provide copy of license

Make of Vehicle: _____ Tag #: _____

Insurance Policy Info: Company/Policy # _____

Provide copy of Insurance card

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

Have you been convicted of any moving violations within the last 12 months? _____ For? _____

Have you ever been convicted of a felony? _____ For? _____

In case of emergency, please contact: _____ Relationship: _____

Home Phone Number: _____ Cell Phone Number: _____

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: _____

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(street) (City) (Zip)

PRIVACY POLICY

All personal information we collect is stored securely and used solely for the purpose of communication between staff and volunteers and to conduct a criminal background checks as required by City of Alexandria. For questions regarding personal information storage and use, please contact Senior Services of Alexandria.

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 at Meals on Wheels 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. I will not store or use client phone numbers. Further, I will use in a responsible manner information gained in the course of my service at Meals on Wheels in the City of Alexandria.

(signature)

(date)