



# Volunteer Application

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

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt/Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email Address: \_\_\_\_\_ (for MOW mailing list)

## How are you interested in helping? *(Volunteer times are between 10am and 1pm)*

Home-Delivery Driver    Assist at Congregate Site    Special Events    Fundraising

Back-up Driver   **Availability:**      M      T      W      TH      F

**Location(s):**    Benicia    Dixon    Fairfield    Rio Vista    Suisun    Vacaville    Vallejo

How did you hear about us? \_\_\_\_\_

## Previous Work/Volunteer Experience

**Work Experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experience:**

\_\_\_\_\_  
\_\_\_\_\_

## Please list two personal references with telephone number

1. \_\_\_\_\_      2. \_\_\_\_\_

## For Volunteer Drivers

As a Volunteer Driver for Meals on Wheels of Solano County, I understand that I will be subject to a background check for the safety of our clients and volunteers. I also understand that I must utilize my own privately owned vehicle for deliveries and maintain the Meals on Wheels of Solano County minimum liability insurance on the vehicle(s) being used for meal deliveries.

*Copy of California Driver's License provided*         *Proof of insurance provided (with declarations page)*  

*Background Check Form Completed*         *Meals on Wheels Liability Waiver Signed*  

## Release

The undersigned volunteer hereby releases Meals on Wheels of Solano County, its agents and employees, from any liability or obligation arising from, or in connection with, the undersigned's volunteer activities with Meals on Wheels of Solano County.

\_\_\_\_\_  
Signature of Volunteer      Date

\_\_\_\_\_  
Signature of Agency Rep      Date

Main Office: 707-425-0638

Vallejo/Benicia: 1-800-788-5114

mealsonwheelssolano.org