



**THE MISSION OF LIBERTY MEALS ON WHEELS:**

To provide balanced, nutritious, and appealing meals to seniors, people with disabilities and disadvantaged populations. We strive to improve the physical and mental health of those we serve by providing, either directly or through cooperation with other organizations, a range of goods and services that improve the quality of life.

NOTE: Information provided within this Volunteer Application remains confidential to Liberty Meals on Wheels.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City Zip

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_ E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone/s (H) \_\_\_\_\_ (C) \_\_\_\_\_

Are you representing a group or club? \_\_\_No \_\_\_Yes—please provide name of club or group  
\_\_\_\_\_

**LIBERTY MEALS ON WHEELS IS REQUIRED TO HAVE THE FOLLOWING INFORMATION ON ALL VOLUNTEER DRIVERS:**

Do you have a valid driver’s license? \_\_\_No \_\_\_Yes—Driver’s License #: \_\_\_\_\_

Do you have current auto insurance? \_\_\_No \_\_\_Yes—Specify Insurance Company: \_\_\_\_\_

**PLEASE INDICATE YOUR AVAILABILITY AND/OR PREFERENCES FOR VOLUNTEER SERVICE:**  
**DAY(S) OF THE WEEK:**  Monday  Tuesday  Wednesday  Thursday  Friday  Any Day  
**WEEK(S) OF THE MONTH:**  1st Week  2nd Week  3rd Week  4th Week  5th Week  Any Week  
**SUBSTITUTE:**  No  Yes Days: \_\_\_\_\_



**STATEMENT OF LIABILITY**

**Liberty Meals on Wheels** is not responsible for personal injuries or property damage suffered or caused by a volunteer in connection with his or her volunteer activities. As a condition to serving as a volunteer, each volunteer is expected to maintain his or her own insurance covering these and other risks.

**CONFIDENTIALITY STATEMENT**

It is understood that as a volunteer of **Liberty Meals on Wheels** you will protect the privacy of all those we serve by maintaining strict confidentiality when discussing meal recipients and the nature of their health conditions. Under no circumstances should a volunteer from **Meals on Wheels** divulge recipient information to anyone outside the organization.

Signature\_\_\_\_\_

**If the volunteer is under 16 years of age, the signature of a parent or guardian is required:**

***Please check all that apply. This child is permitted to:***

\_\_\_\_\_ **Assist in meal delivery by driving**

\_\_\_\_\_ **Assist in meal delivery by riding in the car of another volunteer**

**SIGNATURE OF PARENT/GUARDIAN**\_\_\_\_\_

|                                   |
|-----------------------------------|
| <b><u>FOR OFFICE USE ONLY</u></b> |
| ROUTE:                            |
| BEGINNING DATE:                   |
| NOTES:                            |