MEALS ON WHEELS PLUS, INC.
VOLUNTEER REGISTRATION FORM
(Please Print)

Title: _____ Name: _____

Mailing Address: _____ City: _____ State: ____ Zip: ____

Phone: Home: _____ Work: _____ Cell: _____

E-mail: _____

Place of Employment: _____

Emergency Contact: _____

Phone(s): _____ Relation: _____

Please check all volunteer opportunities you are interested in:

- ☐ Deliver Meals
- ☐ Kitchen Help
- ☐ Errands to Go
- ☐ Golf Tournament
- ☐ Board/Committee Member
- ☐ Substitute Driver
- ☐ Pantry
- ☐ Deliver Pet Food
- ☐ Displays at Events
- ☐ Holiday Driver
- ☐ Official Greeter
- ☐ Transport Pets To Vet
- ☐ Holiday Fund Raising
- ☐ Bad Weather Driver
- ☐ Deliver Groceries
- ☐ Sporting Clays
- ☐ Music for Meals

COMPLETE THIS SECTION IF YOU ARE DELIVERING MEALS

Drivers License #: _____ State: _____ Expires: _____

Vehicle 1 Make: _____ Model: _____ Year: _____

License Plate #: _____

Vehicle 2 Make: _____ Model: _____ Year: _____

License Plate #: _____

Insurance Company: _____ Agent Name: _____

Name Insurance is in: _____
(A Copy of your Driver's License & Car Insurance is required.)

- ☐ I need a reminder call on the day of my route.
- ☐ I need a reminder email on the day of my route.

For Office Use
Group Name: _____ Route Coordinator: _____

Start Date: _____ Route: _____ Delivery Day: _____

Trained by: _____ _____ ST _____ RE

Please Fill Out & Sign Back

For insurance purposes our carrier requires us to ask the following question:

Have you ever been convicted of a sex or abuse related offense?

☐ Yes ☐ No

If yes, please explain:

_____

_____

Please Read & Initial Each Item

_____I understand that I must have automobile liability insurance equal to the minimum limits required by Texas on all vehicles I use to deliver meals.

_____I understand that Meals on Wheels does not have accident insurance coverage to provide protection from damages because of illness or injury related to my volunteer work for the organization. This includes all activities including preparing and delivering meals to client's homes.

_____I understand that I am required by law to respect the confidential nature of my personal contacts with clients, by not discussing or divulging client's names, addresses, telephone numbers, age, financial, medical and other personal information. Any violation of client confidentiality will be cause for termination.

_____I agree to respect the rights and privacy of clients. I will not offer medical advice. I will never solicit clients for business purposes.

_____I received a Volunteer Handbook and personal training. I will be responsible for reading the Volunteer Handbook.

All information on this registration form is accurate to the best of my knowledge.

_____ _____

Volunteer Signature Date

How did you hear about volunteer opportunities with Meals on Wheels?

_____

_____

MEALS ON WHEELS PLUS, INC.
717 N. 10th St., Abilene, TX 79601
Background Checks

A background check will be conducted as part of the Meal on Wheels (MOW) volunteer registration process, prior to contact with clients or client information. A criminal history record will be obtained from the Department of Public Safety. The Texas Health and Human Services Commission (HHSC) Employee Misconduct Registry and the Nurse Aide Registry will also be checked.

Please print:

Name: _____
Last First Middle (Maiden)

Date of Birth: _____ Last 4 digits of Social Security # _____

Copy of Driver's License Required

I give Meals on Wheels permission to conduct the background checks as listed above.

I understand that any change in the status of my criminal history, HHSC Employee Misconduct Registry or Nurse Aid Registry must be reported to the Meals on Wheels Volunteer Coordinator.

I understand that Meals on Wheels reserves the right to reject a potential or active volunteer for any reason that the agency, in its sole judgment, determines will or may affect either the best interest of the individual or of Meals on Wheels.

_____ _____
Signature of Applicant Date Signed

Office Use Only:

_____ _____
Printed Name of Person Conducting Review Signature of Person Conducting Review

_____
Date of Review

Attach proof that DPS, HHSC Employee Misconduct Registry and Nurse Aide Registry reviews were conducted.

Rev. 11/2019