

**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:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Deliver Meals      | <input type="checkbox"/> Deliver Groceries      | <input type="checkbox"/> Holiday Driver       | <input type="checkbox"/> Golf Tournament |
| <input type="checkbox"/> Substitute Driver  | <input type="checkbox"/> Deliver Pet Food       | <input type="checkbox"/> Holiday Fund Raising | <input type="checkbox"/> Sporting Clays  |
| <input type="checkbox"/> Bad Weather Driver | <input type="checkbox"/> Official Greeter       | <input type="checkbox"/> Displays at Events   | <input type="checkbox"/> Kitchen Help    |
| <input type="checkbox"/> Work in Pantry     | <input type="checkbox"/> Board/Committee Member | <input type="checkbox"/> 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 \_\_\_\_\_ ML \_\_\_\_\_

**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. 10<sup>th</sup> 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 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.