



**Our Mission:** 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.

## Volunteer Application

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

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Email \_\_\_\_\_

Check this box if you would like to opt **out** of the monthly Meals on Wheels Volunteer Newsletter

### EMERGENCY CONTACT INFORMATION

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

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

Are you representing a group or club? \_\_\_ No \_\_\_ Yes

If yes, please provide name of group or club: \_\_\_\_\_

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

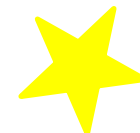
Do you have a valid driver's license? \_\_\_ No \_\_\_ Yes

Driver's License #: \_\_\_\_\_

Do you have current auto insurance? \_\_\_ No \_\_\_ Yes

Insurance Company & Policy Number: \_\_\_\_\_

### PLEASE INDICATE YOUR AVAILABILITY AND/OR PREFERENCES FOR VOLUNTEER SERVICE:



**PERMANENT ROUTE:**     Yes     No    If yes please check days below:  
                                          Any Day     Monday     Tuesday     Wednesday     Thursday     Friday

**SUBSTITUTE DRIVER:**     Yes     No    If yes please check days below:  
                                          Any Day     Monday     Tuesday     Wednesday     Thursday     Friday

## Are you interested in any additional Meals on Wheels Volunteer Opportunities?

- Phone Buddies:** Help combat the loneliness and isolation that some seniors may feel with a phone call to uplift their spirits
- Holiday Cards /Gifts:** A simple card or craft goes a long way to brighten the day of our Meals on Wheels recipients.
- Snow Squad:** shovel driveway and sidewalks for home bound seniors in Liberty
- Spring Clean Up:** Help with yard work in the spring/summer

### 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 \_\_\_\_\_ Date \_\_\_\_\_

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

### FOR OFFICE USE ONLY

BACKGROUND CHECK SENT TO BIB:

CONFIRMED:

SENT VOLUNTEER INFORMATION:

BEGINNING DATE:

NOTES:

### Please send completed forms to:

By Mail:

**Meals on Wheels**  
**1600 S. Withers Rd.**  
**Liberty, MO 64068**

By Email: [hkenkel@libertymo.gov](mailto:hkenkel@libertymo.gov)

**Office: 816-439-4398 | | Fax: 816-439-4377**