



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) _____ Cell Carrier: _____

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, list what group/club: _____

Do you have 1+ years experience in any of the following areas?

- Fundraising
- Grant Writing
- Marketing
- Health related field
- Public Speaking
- Journalism/Photography

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 Fri- day



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: mealsonwheels@libertymo.gov

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