



Hawai'i Meals on Wheels, Inc.
VOLUNTEER APPLICATION



Office Use Only:
 Group: _____
 App. Received: _____
 Orientation: _____
 Route: _____
 Route Training: _____
 Start Delivery: _____
 Schedule: _____
 RSVP/55 EAD/60

Name: _____

Address: _____

City/Zip: _____

Email: _____

Home Phone: _____ Work: _____ Cell/Pgr: _____

How did you hear about Hawaii Meals on Wheels? _____

IN CASE OF EMERGENCY, CONTACT:

Primary Physician: _____ Phone: _____

Preferred Hospital: _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell/Pgr: _____

I AM AVAILABLE ON THE FOLLOWING DAYS/TIMES:

	Monday	Tuesday	Wednesday	Thursday	Friday
Lunch					
Dinner					

Activity Options: _____

Meal Delivery **Other** (please specify): _____

Areas of delivery: _____

1. _____

2. _____

3. _____

Willing to be a Substitute Driver YES NO

GENERAL INFORMATION:

Foreign Languages Spoken: _____ Special Skills: _____

Profession: _____ Currently employed at: _____

Educational background: ___ High School Graduate ___ College Graduate ___ Major: _____

Prior Volunteer Experience: _____

HMoW does criminal and reference checks on all volunteers to ensure the safety and welfare of our vulnerable client population. Please complete the following:

Date of Birth: Month: _____ Day: _____ Year: _____

Sex: _____ Female _____ Male

Please list any aliases, former name(s) (including Maiden Name): _____

REFERENCES - Please list two character references below:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PLEASE CHECK ONE OF THE FOLLOWING:

I have never been convicted of a crime.

I have been convicted of the crime(s) listed below. (Do not include juvenile offenses)

<u>Date & Place of Conviction</u>	<u>Offense</u>	<u>Sentence or Fine</u>
_____	_____	_____

PLEASE READ THE FOLLOWING AND SIGN BELOW TO ACKNOWLEDGE YOUR AGREEMENT TO THE FOLLOWING STATEMENTS:

- I declare under penalty of perjury that the foregoing is true, correct and complete.
- I understand that this form is confidential and its contents will not be released without my consent.
- I understand that HMoW must protect the safety and welfare of its vulnerable clients and will do a criminal and reference check prior to accepting me as a HMoW volunteer.
- I will protect the privacy of the clients and the confidentiality of client records.
- If I am a driver for HMoW, I understand that I am responsible to keep my driver's license, auto insurance and safety sticker current during the course of my volunteer service.

Volunteer Signature

Date Signed