



Hawai'i Meals on Wheels, Inc.
VOLUNTEER APPLICATION

Office Use Only:

Group: _____

App. Received: _____

Orientation: _____

Route: _____

Route Training: _____

Start Delivery: _____

Schedule: _____

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					

Areas of delivery:

1. _____ 2. _____ 3. _____ Willing to be a Substitute Driver ☐ YES ☐ NO

T-shirt size: _____

HMoW does criminal background checks on all volunteers to ensure the safety 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): _____

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.

Volunteer Signature

Date Signed

Release of Liability:

I have voluntarily applied as a volunteer for Hawaii Meals on Wheels. I understand that while acting as an unpaid volunteer for Hawaii Meals on Wheels I am not covered by the State of Hawaii Worker's Compensation Law. I am aware that volunteering for Hawaii Meals on Wheels can be a potentially dangerous activity. I acknowledge that the dangers include but are not limited to: back injury due to lifting, personal injury, property damage, or injury to others in an accident. I understand there is no coverage for any damage or injury to myself, my personal automobile, personal effects, or to other persons or their personal effects or automobile. I am voluntarily participating in these activities and all risks or injury. I hereby agree that I, my heirs, executors, personal representatives, agents, successors in interest, assigns, guardians, and legal representatives completely release Hawaii Meals on Wheels and will not make a claim against, sue, or attach the property of Hawaii Meals on Wheels for any and all injury or damage resulting from my participation as a volunteer, shall hold harmless and indemnify Hawaii Meals on Wheels from and against any and all liabilities, costs, expenses and judgments (including interests, court costs and reasonable attorneys' fees) to which Hawaii Meals on Wheels may incur and/or sustain as a result of any and all claims, demands and/or causes of action of every nature and kind whatsoever arising out of or related to my participation as a volunteer.

Signature: _____ Date: _____

Delivery volunteers must carry, at their own expense, a valid and current insurance coverage for property damage and public liability. Volunteers must provide proof of insurance coverage.

Print Name: _____

Driver's License #: _____ Exp. Date: _____

Auto Insurance Company: _____

Policy #: _____

Volunteer Signature: _____