



Volunteer Application /Background Check

Name: _____
First Last Middle Initial

Local Address: _____
Street Town Zip Code

Mailing Address: _____
PO Box Town Zip Code

E-mail Address: _____

Phone: _____ Alt Phone: _____

Date of Birth: _____ Driver's License # _____

Auto Insurance Company _____ Renewal Date _____

Please describe any physical limitations that should be considered in your volunteering:

Please check how you would like to help:

- Home Delivered Meals
- Medical Transportation
- Administrative/Office assistance
- Other: _____

ALL MUST SIGN:

I certify that all information in this application is true and complete. I understand that misrepresentation or omission of facts requested is cause for non-appointment or dismissal as a volunteer. If required by my volunteer site, I agree to comply with a criminal background and driving record check. I understand that volunteerism is a privilege, not a right, and that my placement in a volunteer position is conditional upon successfully completing the application, maintaining proper auto insurance, screening, and safety protocols & training requirements.

Signature _____ **Date** _____