



9 North 9th Street
 Stroudsburg, PA 18360
 570.424.8794
 mcmow@ptd.net

Volunteer Application

Contact Information	
Name	
Street Address	
City, State, Zip Code	
Home/Mobile Phone	
Work Phone	
E-mail Address	

Availability

Driver/carrier assignments are only available Monday through Friday, beginning at 9:30 AM.

_____ I am available to be a driver/carrier

Other assignments are variable. If interested in other assignments, please indicate your availability.

_____ Weekday mornings	_____ Weekend mornings
_____ Weekday afternoons	_____ Weekend afternoons
_____ Weekday evenings	_____ Weekend evenings

Interests – Training and support provided in all areas

_____ Administration (data entry, reception, telephone)	_____ Computer
_____ Delivering	_____ Emergency Bag Packing
_____ Events	_____ Fundraising & Development

Other – please specify:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Preferences

I would prefer to deliver: Alone _____ With a partner _____
Availability: 1X/week _____ 2X/month _____ 1X/month _____
Preferred days of the week: _____

References

#1 Name/relationship	
Street Address	
City, State, Zip Code	
Home/Mobile Phone	
Work Phone	
E-mail Address	
#2 Name/relationship	
Street Address	
City, State, Zip Code	
Home/Mobile Phone	
Work Phone	
E-mail Address	

Emergency Contact	
Name	
Street Address	
City, State, Zip Code	
Home/Mobile Phone	
Work Phone	
E-mail Address	

Have you ever been convicted of a crime? Yes No

If yes, please explain the nature of the crime and the date of conviction and disposition.

Driver's License State/Number:		Expiration Date:	
Insurance Policy #:		Expiration Date:	

Please provide a copy of your license and your auto insurance declaration page.

Release & Agreement

Monroe County Meals on Wheels and its volunteers are privileged to serve our clients. With that in mind, we expect all volunteers will be cautious and use good judgment when discussing any aspect of their volunteer experience with fellow volunteers, clients, and with those outside the program. Of special concern is the privacy and rights of those we serve. Confidentiality is paramount.

- I agree to offer my services as a volunteer. I understand that I am not a paid employee.
- I understand that if I use my personal vehicle as transportation, I must keep in effect my auto insurance equal to the minimum required by the Commonwealth of Pennsylvania and will observe all traffic laws.
- I agree to comply with the Pennsylvania food safety guidelines as stated in the Volunteer Handbook.
- I understand that insurance requirements may necessitate the furnishing of my driving record. Accordingly, I authorize Monroe County Meals on Wheels, Inc. to obtain my driving record and to furnish it to its own liability insurance company, if necessary.
- I understand that Monroe County Meals on Wheels, Inc. will run a criminal background check and that my background check must be free of any criminal convictions prior to acceptance as a volunteer.
- I agree to indemnify and hold Monroe County Meals on Wheels, Inc. harmless of and from any and all claims, demands, losses, suits, or all other damages of any kind arising from my activities as a volunteer for them.
- I have read and understand the Volunteer Handbook.
- I understand the statements above and agree to abide by them as indicated by my signature below.
- By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Volunteer Signature: _____ Date: _____

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Completed Applications

Completed applications can be returned to the Monroe County Meals on Wheels Office, via email to mcmow@ptd.net, by fax to 570-424-8756, or by mailing it to:

**Monroe County Meals on Wheels
9 North 9th Street
Stroudsburg, PA 18360**

**Thank you for completing this application form
and for your interest in volunteering with us.**