

901 Polk Valley Rd.
Stroudsburg, PA 18360
570.424.8794
lraudabaugh@monroemeals.org

Volunteer Application

Contact Information

| | |
|-----------------------|---|
| Name | |
| Street Address | |
| City, State, Zip Code | |
| Landline/Cell | / |
| 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 Packet.
- 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 laudabaugh@monroemeals.org, by fax to 570-227-1340, or by mailing it to:

**Monroe County Meals on Wheels
901 Polk Valley Rd.
Stroudsburg, PA 18360**

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