



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

## Volunteer Application

Contact Information	
Name	
Street Address	
City, State, Zip Code	
Home/Cell Phone	/
Work Phone	
Email Address	

Preferred Contact (check one):     Text     Email     Phone (Home)     Phone (Cell)     Phone (Work)

### Insurance Information

Insurance Policy #:		Expiration Date:	
Driver's License #:		Expiration Date:	

**Please provide a copy of your driver's license and auto insurance declaration page with this application.** Note that the declaration page is not the document you carry in your car. It is part of your policy and reflects your liability coverage.

### Availability

Check all that apply:     Monday     Tuesday     Wednesday     Thursday     Friday     No preference

Preferred frequency (check one):     1x week     2x month     1x month     Other

### Volunteer Opportunities

- |                                                                 |                                                                                 |
|-----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Administration<br>(Data entry & phone) | <input type="checkbox"/> Cleaning Containers (Mon-Fri, 11:00-3:00)              |
| <input type="checkbox"/> Meal Delivery (Mon-Fri, 10:00-1:00)    | <input type="checkbox"/> Pet Food Delivery (Sat & Sun)                          |
| <input type="checkbox"/> Phone Friends                          | <input type="checkbox"/> PVEN Pantry Delivery (3 <sup>rd</sup> Tues, 1:00-3:00) |

**Special Skills or Qualifications**

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

Do you speak another language? If so, what is it? \_\_\_\_\_

**Previous Volunteer Experience**

Summarize your previous volunteer experience.

**References**

#1 Name/Relationship	
Street Address	
City, State, Zip Code	
Home/Cell Phone	
Work Phone	
Email Address	
#2 Name/Relationship	
Street Address	
City, State, Zip Code	
Home/Cell Phone	
Work Phone	
Email Address	

### Emergency Contact

Name	
Street Address	
City, State, Zip Code	
Home/Cell Phone	
Work Phone	
Email Address	

### Criminal History

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.

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### Demographics

Veteran  Yes  No

This information is being collected to assist us in obtaining grants.

1. Ethnicity

- Are you Hispanic, Latino/a, or of a Spanish origin?  
 Yes  
 No  
 Prefer not to answer

2. Race

- American Indian or Alaska Native
- Asian
- Black or African American
- American Native Hawaiian or Pacific Islander
- White
- Prefer not to answer

### 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.

## 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 Pennsylvania food safety guidelines.
- 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 I will need to provide Monroe County Meals on Wheels with updated insurance information every 6 months to 1 year, upon expiration, and/or if purchasing a new vehicle. I also understand that that I will need to provide an updated copy of my driver's license upon renewal.
- 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 contents of 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: \_\_\_\_\_

## Completed Applications

Completed applications can be returned to the Monroe County Meals on Wheels office, via email to [iraudabaugh@monroemeals.org](mailto:iraudabaugh@monroemeals.org), by fax to 570-227-1340, or by mail to:

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

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