



4040

Meals on Wheels Volunteer Application

Applicant Information

Full Name: _____ **DOB:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: _____ **Email** _____

Cell Phone: _____

Preferred Method of Contact:

Home Phone
☐

Email
☐

Cell
☐

*Other,
specify*
☐

Valid Driver's License?

YES
☐

NO
☐

Driver's License: _____
Number Issuing State

Do you have valid Auto Insurance?

YES
☐

NO
☐

Are you Volunteering as part of a Church, Civic or Community Organization?

YES
☐

NO
☐

If yes, which one?

Have you ever been convicted of a felony? *YES* ☐ *NO* ☐

If yes, explain: _____

Emergency Contact(s)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Please check preferred location and availability.

Preferred Location(s):

Reidsville ☐ *Eden* ☐ *Madison/Mayodan* ☐ *Stoneville* ☐ *Frozen/Rural* ☐

Preferred Day(s):

Monday ☐ *Tuesday* ☐ *Wednesday* ☐ *Thursday* ☐ *Friday* ☐

How Often: _____

Other Availability Preferences: _____

Acknowledgements and Signature

Please Read Carefully, Acknowledge/Initial Each Section, and Sign:

☐ As an ADTS volunteer, I agree to keep confidential all information pertaining to participants that I may work with during my volunteer assignment. This includes names, address, phone numbers, personal, medical and/or financial information. I understand that participant and agency information is privileged, and is not to be disseminated by me. Failure to abide by this agreement can result in my immediate dismissal.

☐ I recognize and acknowledge that there are certain risks of physical injury, property damage, or loss which I may sustain as a result of participating in any and all activities connected with this program. I agree to waive and relinquish all claims that I may have against ADTS - its officers, agents, employees, and volunteers for injuries or damages, as a result of volunteering in the program. Further, knowing my personal limitations, I agree to use my best judgment and discretion in performing all volunteer tasks. I agree to not put myself or others in a potentially dangerous or harmful situation.

☐ As a volunteer, I agree to abide by ADTS' Code of Conduct including: performing duties to the best of my abilities and in a manner that is efficient, cost effective and meets the needs of the public; demonstrate integrity, honest and ethical behavior; ensure that your personal interests do not come into conflict with official duties, or result in an appearance of a conflict of interest when dealing with customers, vendors or others doing business with ADTS; ensure that ADTS resources, including funds, equipment, vehicles, and other property are used in strict compliance with Agency policies and solely for the benefit of ADTS; conduct all dealings with the public, ADTS employees, and other organizations in a manner that presents a courteous, professional, and service-oriented manner; treat the public and ADTS employees fairly and equitably, without regard to race, sex, age, religion, national origin, disability, or any other factor related to the impartial conduct of ADTS business.

☐ I certify that my answers are true and complete to the best of my knowledge. I understand that as part of my application process, I may be asked to meet with ADTS staff for an interview and/or to attend an orientation as training session as appropriate. I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____