

# MOWSF Volunteer Application

Volunteer Contact Information		
Name:		
Street Address:		
City:	State:	Zip:
Phone:	Secondary phone:	
Email:	Birthdate:	

Volunteer Role(s) Considered (check all that apply)		
<b>Good Neighbor:</b>	<input type="checkbox"/> Friendly Visitor	<input type="checkbox"/> Shopping
<i>If Friendly Visitor or Shopping, please include preferred neighborhood(s):</i>		
<b>Client Needs:</b>	<input type="checkbox"/> Delivery	<input type="checkbox"/> Service
<b>Home Delivered Meals (HDM):</b> Meal Delivery Assistant (M-F) <input type="checkbox"/> 7:00am-10:00am <input type="checkbox"/> 10:30am-1:00pm		
<b>Adopt-A-Building:</b>	<input type="checkbox"/> Meal Delivery (Individual or with company)	
<b>Home Delivered Groceries (HDG):</b>	<input type="checkbox"/> Assembly	<input type="checkbox"/> Delivery
<b>Other:</b>	<input type="checkbox"/> Office Admin <input type="checkbox"/> Events <input type="checkbox"/> Intern <input type="checkbox"/> Other (describe)	

How did you hear about volunteer opportunities?			
<input type="checkbox"/> Volunteer Match	<input type="checkbox"/> The Volunteer Center	<input type="checkbox"/> MOWSF Delivery Van	<input type="checkbox"/> Craigslist
<input type="checkbox"/> Friend	<input type="checkbox"/> MOWA Let's do Lunch	<input type="checkbox"/> Other (describe)	

Availability and Time Commitment
Friendly Visitor, Shopping, Adopt-A-Building, Meal Delivery and HDG Delivery require a minimum 6-month commitment. Can you commit to the required length of time for the position you are interested in? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many hours per month do you expect to volunteer?
Possible Start Date:
Special Skills/Interests:
Languages (other than English):
Current Occupation:

Person to Notify in Case of Emergency (Required)		
Name:	Relationship:	
Street Address:		
City:	State:	Zip:
Phone:	Secondary phone:	
Email:		

## Personal Vehicle Use

For volunteer roles that require use of a personal vehicle to and from the volunteer activity (HDG Drivers, Client Needs, Friendly Visitor Match):

Valid California Driver License #:

Expiration Date:

Proof of insurance for your personal vehicle. Insurance Company Name:

Policy Number:

Policy Expiration Date:

I confirm that I have a satisfactory driving record and that the insurance information provided above is correct and current.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**It is the policy of Meals on Wheels of San Francisco to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.**

### Applicants Under 18 Years Old:

For volunteers under age 18, a parent/guardian must supervise the minor while he/she is volunteering.

- Minor Applicants: Please complete the Volunteer Application
- Parent/Guardian: Please complete the Volunteer Application and Background Check Form

### Disclosure Agreement:

By submitting this application, I affirm that the information provided is 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 from this role. I give MOWSF permission to verify any information submitted on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consent for Promotional Materials

I hereby give my consent to be photographed, videotaped or interviewed by Meals On Wheels of San Francisco. I understand that the photographs and information about me may be used for agency brochures, videos, newspaper articles, newsletters, website, social media, on a van or in other promotional materials with or without my name.  Yes (If yes, sign and date below)  No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Liability:**

I have voluntarily applied as a volunteer for Meals On Wheels of San Francisco. I understand that while acting as an unpaid staff volunteer I must depend on my own health insurance to provide my care as needed, and that I am not covered by California State Worker’s Compensation Law. I am aware that volunteering for Meals On Wheels of San Francisco can be a potentially dangerous activity. I acknowledge that the dangers include but are not limited to: back injury due to lifting, personal injury, property damage, or injury to others in an accident. I understand there is no coverage for physical damage to my personal automobile. I am voluntarily participating in these activities with the knowledge of the danger involved, and thereby agree to accept any and all risks or injury. I hereby agree that I, my assignees, guardians, and legal representatives will not make a claim against, sue, or attach the property of Meals On Wheels of San Francisco for injury or damage resulting from my voluntary participation.

➔ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Confidentiality Agreement**

I understand that during the course of my work at Meals On Wheels of San Francisco, Inc., I will receive, review, and otherwise work with confidential or proprietary information. Information that is not public is considered proprietary and the property of Meals On Wheels. This includes not only confidential information that I may personally develop or use during my employment with Meals On Wheels, but also all trade secrets and confidential or proprietary information regarding Meals On Wheels business, clients, financial performance, tenants, employees, and Meals On Wheels’ services, methods, systems, passwords and computer programs, business plans, marketing plans, strategies and costs.

By signing this Agreement, I agree to treat all such information that relates or refers to any Meals On Wheels Customer, agent, or representative as confidential. I shall not disclose the nature or substance of any such information in any manner to any person outside Meals On Wheels, except as necessary to perform my job duties or as otherwise authorized by Meals on Wheels in writing. I shall use due care to preserve the confidentiality of all such information, including data stored on Meals On Wheels’ information systems. This agreement will survive the termination of my volunteer projects.

I shall not under any circumstances retain customer or Company documents or data, or originals or copies of notebooks, drawing, notes, reports, proposals or other documents, materials, tools, equipment, or property belonging to Meals On Wheels after my tenure at Meals On Wheels terminates, and I shall promptly return all such data and material to Meals On Wheels.

➔ Signature: \_\_\_\_\_ Date: \_\_\_\_\_