

301 E. 8th St., Suite 110, Michigan City, IN 46360 PHONE 219-872-9117 - FAX 219-872-9117

VOLUNTEER APPLICATION

DATE: _____
 NAME: _____ Birthday: mm/dd/yy _____
 ANNIVERSARY _____ SPOUSE'S NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE HOME: _____ CELL: _____ WORK: _____
 E-MAIL: _____

IN CASE OF EMERGENCY CALL: Name: _____
 RELATIONSHIP: _____
 HOME PHONE: _____ WORK: _____ CELL: _____

POSITION PREFERENCE:

DRIVER: _____ RUNNER: _____ BOTH: _____

PARTNERED WITH: _____

AVAILABILITY

SUMMER: _____ WINTER: _____ ALL MONTHS _____

CERTIFICATE OF INSURANCE

INSURANCE COMPANY: _____

POLICY NUMBER _____

A. BODILY INJURY \$ _____ PER PERSON
 \$ _____ PER OCCURRENCE
 B. PROPERTY DAMAGE LIABILITY \$ _____ PER OCCURRENCE

DRIVERS LICENSE #: _____ EXPIRATION DATE: _____

VOLUNTEER SIGNATURE: _____

The above information must be on file to meet the requirements of our insurance company.

THANK YOU FOR YOUR COOPERATION.



*AUTHORIZATION for RELEASE of
CRIMINAL RECORD INFORMATION*

301 E. 8th STREET SUITE 110
MICHIGAN CITY, IN 46360
219-872-9117
FAX 219-872-9118

I _____ hereby authorize LaPorte County Sherriff's Department to release to LaPorte County Meals on Wheels any and all information which they may possess regarding any criminal offenses or arrests. I recognize that LaPorte County Meals on Wheels will use such information to verify the information which I have given in my application for volunteering. Therefore, I release the LaPorte County Sherriff's Department, Officers and employees of any and all liabilities. This authorization shall remain in effect for one year from the date on which it was signed.

(PRINT) LAST NAME FIRST NAME MIDDLE NAME

Date of Birth: _____ Social Security Number: _____

SIGNATURE

DATE