

301 E. 8th St., Suite 110, Michigan City, IN 46360 PHONE 219-872-9117 - FAX 219-872-9118

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 YEAR: _____

I have the opportunity to claim mileage when delivering meals through RSVP or on taxes.

I may receive recognition with gift cards or other forms of compensation.

Is volunteer interest in order to fulfill community service hours? Yes No If yes explain:

Have you ever been convicted of a felony or misdemeanor classified as an offense against a person or family? Yes No

VEHICLE CERTIFICATE OF INSURANCE

INSURANCE COMPANY: _____

POLICY NUMBER _____

A. BODILY INJURY \$ _____ PER PERSON

\$ _____ PER OCCURRENCE

B. PROPERTY DAMAGE LIABILITY \$ _____ PER OCCURRENCE

DRIVERS LICENSE #: _____ EXPIRATION DATE: _____

COPY DRIVER LICENSE _____

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