



Eastside Meals on Wheels, Inc. Volunteer Application

Office Use		
Email	Bkgnd Ck	Database

First Name _____
Last Name _____

Name _____ Application Date _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____
 Email Address _____

This application is divided into three parts -

1) Meal delivery drivers 2) Other volunteer opportunities 3) Background check information

Feel free to call our office at **612-277-2529** if you have any questions about this application.

----- Part 1 - Meal delivery drivers -----

Please complete this section only if you are interested in delivering meals. Meals are delivered from 11:15-12:00 Monday-Friday. Schedules vary depending on your availability. A typical route includes 5-10 stops. You are welcome to ride along on a route to learn more about the process. You will need to be a licensed driver and provide your own vehicle and insurance. As a driver you are free to invite a friend or family member to ride with you.

We have flexible delivery schedules and as a starting point we'd like you to tell us if there are certain days you would like to drive.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

How many days per month would you like to drive? _____

Does your company, house of worship or community organization schedule drivers for Eastside Meals on Wheels? Yes No Don't Know.

Organization name _____

Driver's License Number _____ State of Issue _____

Please include a copy of your driver's license and insurance card with this application.

You must complete pages 1, 3 and 4 if you are applying to be a driver

----- Part 2 - Other volunteer opportunities -----

Besides driving there are many other volunteer opportunities available at Eastside Meals on Wheels (EMOW). Based on your interests, abilities and available time we will find the best match for you at EMOW.

Please indicate skills you bring and areas that interest you the most. Feel free to add others to the list.

- Fund raising ___ Event Planning ___ Public Relations ___ Graphic design ___
Web site design ___ Social media ___ HR ___ Finance ___ Office PC assistance ___
Project management ___ Database expertise ___ Management skills ___ Office Help ___
Public speaking ___

_____	_____
_____	_____
_____	_____

Please list any other talents you have that might be helpful at an event such as Photography, Music, etc.

_____	_____
_____	_____
_____	_____

You must complete pages 2, 3 and 4 if you are applying for non-driver positions

----- **Part 3 - Background Check** -----

Eastside Meals on Wheels, Inc. conducts background checks on all volunteers. We use a third party administrator to conduct these checks. The type of information that may be collected by this agency includes, but is not limited to, a criminal background check, education, employment history, credit and professional and personal references. This process is conducted to verify the accuracy of the information provided by the applicant.

First _____ Middle _____ Last _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____

If you have been a resident of Minnesota for less than seven years, please provide the following information.

Previous Address _____

City _____ State _____ Zip _____

Number of years at this address _____

Current Employer and contact name _____

Address _____ Phone _____

Have you ever been convicted of a crime? If so, please explain the nature of the crime and the date of the conviction and disposition. Conviction of a crime is not an automatic disqualification for volunteer work _____

References

Please list two people who know you well and can attest to your character, skills and dependability.

Name	Organization	Relationship	Phone	Length of Relationship
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Emergency Contacts

Please list one or two people that we have permission to contact in case of emergency

Name	Phone	Relationship
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Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Eastside Meals on Wheels, Inc. that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Eastside Meals on Wheels, Inc. I understand that misrepresentations or omissions may be cause for my rejection as an applicant for a volunteer position with Eastside Meals on Wheels, Inc. or my termination as a volunteer.

Signature _____ Date _____

Printed Name _____

You may use this space for any other information you'd like to offer or for questions you might have. Thank you for your interest in helping us serve our neighbors.

After you have completed all appropriate pages and signed above
you may scan and email this form to info@EastsideMeals.org
or mail it to Eastside Meals on Wheels 1510 33rd Ave NE Mpls MN 55418