

CABARRUS MEALS ON WHEELS VOLUNTEER PROFILE

DATE: _____ NC DRIVER'S LICENSE NUMBER _____

NAME: _____ DOB: _____
(LAST) (FIRST)

SPOUSE: _____ DOB: _____
(LAST) (FIRST)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

E-MAIL ADDRESS: _____

EMPLOYER/OCCUPATION: _____

RETIRED: _____ From: _____

ETHNIC: Please circle: Caucasian African American Hispanic/Latino Asian Other

GENDER: Please circle: Male Female

EMERGENCY CONTACT: NAME: _____
RELATIONSHIP: _____ DAYTIME PHONE: _____

OTHER VOLUNTEER WORK: _____

HOW DID YOU HEAR ABOUT US? NEWS ___ FRIEND ___ CHURCH ___ OTHER ___

WILL YOU DELIVER WITH A PARTNER? NO ___ YES (with who) _____

ARE YOU AVAILABLE TO BE CALLED AS A SUBSTITUTE DRIVER? YES ___ NO ___

PLEASE LIST NAME(S) AND BIRTHDATE(S) OF ALL CHILDREN WHO WILL DELIVER WITH YOU

NAME _____ DOB _____

NAME _____ DOB _____

NAME _____ DOB _____

We ask for a 6 month commitment. Are you able to commit to this? _____

Why did you choose to volunteer with Cabarrus Meals on Wheels at this time?

What day(s) are you available? Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____

How many times per month are you able to deliver? _____

Would you be interested in helping promote Cabarrus Meals on Wheels through your church or civic group by public speaking, pamphlet handout, volunteer recruitment or fundraising? In what area?

References: Please note if personal, professional or educational.

Name _____ Telephone _____

Name _____ Telephone _____

VOLUNTEER AGREEMENT

- I have received a copy of the Cabarrus Meals on Wheels (CMOW) Volunteer Guidelines.
- I agree to respect the confidentiality of my contacts with CMOW clients and will keep information confidential that is disclosed to me about clients' names, personal information and diagnosis.
- I have current automobile insurance coverage for my vehicle and will keep it for as long as I drive for CMOW.
- I agree to indemnify and hold CMOW harmless of and from any and all claims, demands, losses, suits or all other damages of any kind arising from my activities as a volunteer for Cabarrus Meals on Wheels.

VOLUNTEER SIGNATURE _____ DATE _____

NOTICE: A background check may be performed to evaluate your eligibility to volunteer.

Return to: Cabarrus Meals on Wheels
1701 Main Street
Kannapolis, NC 28081
Phone: 704-932-3412
Fax: 704-932-9011