



# I want to VOLUNTEER with Fort Bend Seniors Meals on Wheels!

Updated 09-2016

|                     |       |
|---------------------|-------|
| FOR OFFICE USE ONLY |       |
| Orientation Date:   | _____ |
| Start Date:         | _____ |
| Affiliation:        | _____ |
| Assignment/Route:   | _____ |

## Personal Information (Please Print Clearly)

|   |      |                  |                            |                        |
|---|------|------------------|----------------------------|------------------------|
| First Name                              | MI   | Last Name        | Date of Birth (mm/dd/yyyy) | Social Security Number |
| Street                                  |      | City             | State                      | Zip                    |
| Telephone:                              | Home | Cell             | Email Address              |                        |
| Emergency Contact (First and Last Name) |      | Telephone Number |                            |                        |

Language(s) Spoken \_\_\_\_\_ Gender:  Male  Female

### I am interested in:

- Meals on Wheels Delivery (I have a car/truck)
  - Drivers License Number: \_\_\_\_\_
  - Expiration Date: \_\_\_\_\_ State Issued: \_\_\_\_\_
  - My Insurance Company is: \_\_\_\_\_
- In-Home Assistance (Healthcare or Social Work Background Required)
- Fundraising and Special Events  Meal Packer (8:30-10:00 am)
- Congregate Center Activity Supervision/Instruction  Telephone Reassurance
  - Respite Care Center  Computer Lab  Administrative
  - Library  Fitness Center  Pet Food Program

*(Volunteers under the age of 16 must be accompanied by an adult. Meal Delivery Volunteers must be at least 18 years of age.)*

Day(s) I can volunteer:  Monday  Tuesday  Wednesday  Thursday  Friday

Time(s) Available: \_\_\_\_:\_\_\_\_ to \_\_\_\_:\_\_\_\_

I will commit to volunteer for:  3 Months  6 Months  One Year

### Special Skills or Qualifications:

### References:

Please list three individuals (not family members) who we may contact as a reference.

|          |           |                  |
|----------|-----------|------------------|
| 1) _____ | _____     | _____            |
| Name     | Telephone | Email (if known) |
| 2) _____ | _____     | _____            |
| Name     | Telephone | Email (if known) |
| 3) _____ | _____     | _____            |
| Name     | Telephone | Email (if known) |

Have you ever been arrested or convicted of any offense?  No  Yes

If YES, please explain, giving dates, charge, disposition and other appropriate details.

Mail or fax completed form to: **ATTN: Volunteer Department**  
 Fort Bend Seniors Meals on Wheels, P.O. Box 1488, Rosenberg, TX 77471  
 Fax to: 281-633-7050

Email completed form to: **volunteer@fortbendseniors.org**

**VOLUNTEERS CONSIDERING DRIVING RELATED POSITIONS, PLEASE COMPLETE BELOW:**

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Have you been involved in any motor vehicle accidents while driving in the past three years?      YES      NO

Do you have any restrictions on your driver's license at present?      YES      NO

Have you been convicted of any moving violations in the past five years?      YES      NO

➤ If the answer to any of the questions above is yes, please explain:

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**ALONG WITH THE APPLICATION, PLEASE PROVIDE FORT BEND SENIORS MEALS ON WHEELS WITH A COPY OF YOUR AUTO INSURANCE CARD FOR OUR RECORDS.**

**Read the following information. Please sign and date each paragraph, as requested, to confirm your understanding and agreement.**

*"I certify that the information given in this application for volunteering is true in all respects, and I agree that if the information given is found to be false in any way, it may result in denial of or discharge from volunteering. I authorize the use of any information in this application to verify my statements, and I authorize all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous volunteer experiences. I release all such persons from any liability or damages on account of having furnished such information."*

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Signature of Applicant

Date

*"I understand that nothing contained in this application, or the policies and rules governing volunteers, is intended to create a volunteer contract between the company and myself for either volunteering or for the providing of any benefit. No promises regarding volunteering have been made to me, and I understand that no such promise or guarantee is binding upon the company unless made in writing and signed by both the president of the company and myself. If a volunteer relationship is established, I understand that I have the right to terminate my volunteer assignment at any time, for any reason, and that the company retains the same right."*

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Signature of Applicant

Date

*"I understand that prior to being offered a volunteer assignment with the company I may be requested to a drug and/or alcohol test. I understand that a positive test result will result in denial of volunteer placement. Furthermore, I understand that as a condition of continued volunteer placement, I may be requested to submit to a drug and/or alcohol test. I understand that a positive test result will result in the termination of my volunteer assignment."*

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Signature of Applicant

Date

## DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our volunteer background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of but not limited to, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Consumer Rights under the Fair Credit Reporting Act.

### **AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION**

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the American with Disabilities Act and all applicable federal, state and local laws, I hereby authorize and permit **Fort Bend Seniors** to obtain a consumer report and/or an investigative consumer report which may include the following:

1. Records concerning any driving or criminal history;
2. (For truck drivers only) in accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
3. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigation report" may include information as to my character, general reputations, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as the original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as **Fort Bend Seniors** from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize **Fort Bend Seniors** to obtain and prepare an investigative consumer report as set forth above, as part of this investigation of my volunteer application. This authorization shall remain in effect over the course of my volunteer placement. Reports may be ordered periodically during the course of my volunteer placement.

Full Name \_\_\_\_\_  
(Please print clearly) Signature \_\_\_\_\_ Date \_\_\_\_\_

### **INFORMATION EXCHANGE DISCLAIMER:**

THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY, WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN, WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.

**Thank you for completing this application form and for your interest in volunteering with us.**