



FLUVANNA MEALS ON WHEELS, INC.

105 Crofton Plaza, Suite 8

Palmyra, VA 22963

Office: 434-589-1685

[Fluvannamealsonwheels@embarqmail.com](mailto:Fluvannamealsonwheels@embarqmail.com)

DATE: \_\_\_\_\_

**VOLUNTEER APPLICATION**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**FOR DRIVERS ONLY**

Do you have a valid Virginia Driver's License? \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Auto Insurance Company and Policy Number: \_\_\_\_\_

Fluvanna Meals on Wheels delivers lunchtime meals Monday – Friday. Kitchen shifts are from 9:45 am to 10:45 am. Drivers typically complete a route between 10:45 and 12:00 (depending on the area).

**I would like to volunteer to be one or more of the following positions:**

\_\_\_\_ **Regular Driver** (usually drives same route, same day each week or every other week)

\_\_\_\_ **Substitute Driver:** \_\_\_\_ for my regular route \_\_\_\_ in an emergency \_\_\_\_ on call/as needed

\_\_\_\_ **Meal Packer (Kitchen)** \_\_\_\_ **Substitute Meal Packer (Kitchen)**

\_\_\_\_ **Fundraiser/Special Events Volunteer** \_\_\_\_ **Recruitment Volunteer** \_\_\_\_ **Media/Newsletters**

\_\_\_\_ **Board Member** \_\_\_\_ **Website and Facebook** \_\_\_\_ **Office Volunteer**

\_\_\_\_ **Client Services Committee (delivers birthday bags - day/evenings/weekends)**

I have the following skills to contribute: \_\_\_\_\_

**\*Day(s) of week preference (Monday–Friday for Kitchen/Drivers; you can put "call for availability" if day of week varies)** \_\_\_\_\_

**Reference:** Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Emergency Contact:** Name \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Have you been convicted of a motor vehicle violation in the past five years? \_\_\_\_ Yes \_\_\_\_ No

Have you been convicted of a criminal violation? \_\_\_\_ Yes \_\_\_\_ No

Are you currently under investigation for a felony offense? \_\_\_\_ Yes \_\_\_\_ No

If you answered yes to any of the above questions, please explain:

\_\_\_\_\_  
\_\_\_\_\_



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The following information may be used to recruit volunteers and funds (completion of this section is optional).

What led you to apply to be a volunteer?

\_\_\_\_\_

Are you representing a group or a club? \_\_\_\_\_ If yes, please provide name and address: \_\_\_\_\_

Place of Worship/Clubs/Organizations of which you are a member: \_\_\_\_\_

#### STATEMENT OF LIABILITY

*Fluvanna Meals on Wheels, Inc.* is not responsible for personal injuries or property damage suffered or caused by a volunteer in connection with his or her volunteer activities. As a condition to serving as a volunteer, each volunteer is expected to maintain his or her own insurance covering these and other risks.

#### CONFIDENTIALITY STATEMENT

It is understood that as a volunteer of *Fluvanna Meals on Wheels, Inc.* you will protect the privacy of all those we serve by maintaining strict confidentiality when discussing meal recipients and the nature of their health conditions. Under no circumstances should a volunteer from *Fluvanna Meals on Wheels* divulge recipient information to anyone outside the organization.

#### CONSENT AND RELEASE

I hereby authorize *Fluvanna Meals on Wheels, Inc.* and its affiliates or those acting with its permission to use, reproduce, and distribute my name, voice, likeness, photograph, and/or any other representation of me in connection with printed materials or other media it distributes, displays, transmits, or exhibits.

*I hereby certify that the information provided on this application form is true and verifiable.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### FOR OFFICE USE ONLY

ROUTE/S

BEGINNING DATE

NOTES