

CABARRUS MEALS ON WHEELS VOLUNTEER PROFILE

DATE: _____

NC DRIVER'S LICENSE NUMBER _____ EXPIRE DATE _____

INSURANCE COMPANY AND POLICY # _____
EXPIRE DATE _____

Your insurance coverage is the primary coverage and Cabarrus Meals on Wheels coverage is Secondary above and beyond your insurance liability limits

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

SPOUSE: _____
(LAST) (FIRST)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____ CELL: _____

E-MAIL ADDRESS _____

EMPLOYER/OCCUPATION: _____

RETIRED: _____ From: _____

GENDER: ___ 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) _____

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. ____

Anticipated start date: _____

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 _____

FOR OFFICE USE: Start Date: _____ Code _____

Volunteer Assignment: _____

Return to:

Cabarrus Meals on Wheels
342 Penny Lane
Concord NC 28025
Phone: 704-932-3412
Email: volunteer@cabarrusmow.org