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Lancaster, Ohio 43130
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MEALS ON WHEELS VOLUNTEER APPLICATION

Today's Date: _____ Start Date: _____

Name _____

Address _____ City _____ Zip _____

Phone _____ home or cell Email _____

Date of Birth _____ Social Security Number _____

Driver's License # _____ State _____ Insurance vendor _____

If a spouse or friend joins you in delivering meals on a regular basis, please list their name, relationship and phone number so we know who they are. They cannot drive a route on their own unless they complete the volunteer process.

Name _____ Relationship _____ Phone _____ home or cell

*Please circle your preferred day to volunteer: **M T W TH F**

Are available to substitute? (circle one) YES NO If Yes, circle days? **M T W TH F**

EMERGENCY CONTACT - REQUIRED

Name _____ Relationship _____ Phone _____

PERSONAL REFERENCES:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

How did you learn about our program? _____

How would you like to help? _____

By signing below, I am confirming that all the information I have provided is true and complete. For those driving on behalf of Meals on Wheels, the State of Ohio requires that all drivers have auto insurance and valid driver's license to operate a vehicle. By signing below, I agree that I do and will continue to comply with the State Law that requires all drivers to have a valid Driver's License, as long as I am driving for Meals on Wheels Fairfield County. In addition, I agree to only drive vehicles that are covered by the minimum automobile insurance, required by the State of Ohio while driving for Meals on Wheels Fairfield County.

Signature: _____ Date: _____

Office Use Only:

Background Check ___ BMV Check ___ References ___ Orientation ___ Copy of Valid DL ___ Copy of Valid Auto Ins. ___
Signed Waiver ___ Entered in Database ___ Agency staff signature _____

Please read this carefully; this is a Release of Liability Waiver
THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS

This Release and Waiver of Liability (the "Release") is executed on this ____ day of _____, _____ by _____ (the "Volunteer"), In favor of Meals on Wheels Fairfield County, Inc., and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the Released Parties). I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: delivering meals or other products by car, working on site at events or in the kitchen/warehouse, and working in the Meals on Wheels office.

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

Initials ____ **Release and Waiver.** I, the Volunteer, do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereafter arise from or is in any way related to my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers. I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or Disability Insurance in the event of injury, illness, death or property damage.

Initials ____ **Medical Treatment.** I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties.

If the Volunteer is less than 18 years of age, the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the "Guardians") also hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Minor Child.

Initials ____ **Assumption of the Risk.** I, the Volunteer, hereby expressly and specifically assume the risk of injury or harm in the Activities and release the Released Parties from all liability for any loss, cost, expense, injury, illness, death or property damage resulting direct or indirectly from the Activities.

Initials ____ **Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

Initials ____ **Photographic Release.** I, the Volunteer, do hereby grant and convey unto Meals on Wheels of Fairfield County, Inc., all right, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

Initials ____ **Release of Information Authorization.** I, the Volunteer, understand it will be necessary for MOW-OAAFC to perform a background screen, driver's screen, (for delivery drivers), and check with the references that I provided. I hereby give my consent for this exchange of information and authorize release of any information requested by MOW-OAAFC. I also understand all information will be held in strict confidence and is to be used only by MOW-OAAFC.

Initials ____ **Other.** I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where the Activities take place. I further agree that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

To express my understanding of and agreement with this Release and Liability Waiver, I sign here.

Volunteer: (please print) _____ Date: _____

Signature: _____ Signature of parent if under 18 years of age: _____