MEALS ON WHEELS of Lamoille County

Application Form for
VolunteersAuthorization Form for
Confidential
Background Check

Meals on Wheels of Lamoille County • PO Box 1427 • Morrisville, VT 05661 • 802-888-5011 • meals@mowlc.org

	Date:					
	Name:					
	-	First		Middle		Last
	Mailing Address:					
	City:			State:		Zip:
	Phone:	E	imail:			
	Date of Birth:		Place of Birth:			
Last 4 Digits of Social Security Number: City, State, Country			ountry			
	Other Name	e(s) Used:				
			(e.	g. nickname,	maiden name, divorced)	
	Emergency Contact:				Pho	ne:
Ho	w did you hear a	about us?:				
1.	Check DAY or D	AYS OF THE WEEK you	are available to v	/olunteer/v	vork:	
	☐ Monday	Tuesday	U Wednes		Thursday	🗌 Friday
2.	Select Position i	n which you are most inter	rested:			
		Meal Delivery	Kitch	en		
3.	. Would you like to receive mileage when you make meal deliveries or donate your mileage to Meals on Wheels of Lamoille County? (Mileage reimbursement is currently \$0.50 per mile.):					to Meals on Wheels of
	Yes - Get Reimbursed for Mileage No - I will Donate Mileage				ge	
4.	Are you availabl	e to substitute on other da	ys if needed?			
	🗌 Yes - I a	m available to substitute	e other days	🗌 No	- I am not available	other days
5.	You are entitled	to one free meal each day	your work/volur	nteer, woul	d you like one?	
	🗌 Yes - I w	ould like meals		🗌 No	meals	
6. Do you have any physician mandated driving restrictions or physical problems that prevent you fro kinds of work?					t you from doing certain	
	🗌 Yes (I h	Yes (I have restrictions)				
	lf yes please	explain:				



Signature MOWLC Representative

Authorization Form for Confidential Background Check

7. I	Personal References:	Phone:	Email:
1.			
2.			
3.			

- 8. I hereby authorize Meals on Wheels of Lamoille County and its designated agents and representatives to conduct a comprehensive review of my background causing a report to be generated for employment and/or volunteer purposes. I understand that the scope of the report may include, but is not limited to the following areas:
 - Vermont Adult Abuse Registry
 - Vermont Child Protection Registry
 - Vermont Criminal Convictions Records
 - Office of Inspector General Exclusions Database

Drivers License #	State	Expiration Date

Meals on Wheels of Lamoille County and its representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Meals on Wheels of Lamoille County represented requesting this background check:

Print Name:

I attest that the information contained in this application is correct to the best of my knowledge.

I hereby give Meals on Wheels of Lamoille County Permission to use my name and/or photo in any media from, written or electronic. I hereby release Meals on Wheels of Lamoille county, their program, staff, volunteers, and board of directors from any liability in connection with use of my name and/or photo. I understand that this release a consent are of a

Signature Applicant/Volunteer

voluntary nature and no financial arrangements are involved

Signature Applicant/Volunteer

Photo Release:

Date

Date

Date
