

BACKGROUND CHECK

Meals on Wheels Volunteer

Name: _____

Address: _____

City: _____ Zip _____ Phone: _____

Email: _____

Date of Birth _____ Male () Female ()

Race: () American Indian/Eskimo/Aleut () Asian/Pacific Islander
() African-American () Hispanic () Caucasian () Other

License Plate # _____

*** All information must be filled in.

VOLUNTEER APPLICANT RELEASE

I certify that the information above is true and correct and has been given voluntarily. I understand and agree that submitting this application does not automatically register me as an Older Persons' Commission volunteer and that there is no salary or compensation for my services as a volunteer. I authorize the Older Persons' Commission to complete a criminal background and release them from damages due to furnishing such information.

Signature _____

Site Hostess Signature _____

Approved By: _____ Date: _____