



Berkeley Meals on Wheels

1011 University Ave, Berkeley, CA 94710

BGC OK



Volunteer Application

Name:
Address:
City & Zip:
Home Phone:
Work Phone:
Cell Phone:
Email:
Birth date: Month _____ Day _____
Preferred Pronoun/s: _____

CA State License No: <i>(Please attach copy.)</i>	Expiration Date:
Auto Insurance Carrier:	Policy #:

Emergency Contact:	Relationship:
Home Phone:	Cell Phone:

References	
1. Name:	Relationship:
Daytime Phone:	Email:
2. Name:	Relationship:
Daytime Phone:	Email:

1. Please indicate which types of volunteer activities you are interested in:
 Packing (8-9 am) Delivery (10-11:15am) Loading Vehicles (10-11 am)
 Office Support (am flexible) Other: _____

If Delivery activity is checked please complete pages 6 and 7 (Volunteer Background Check)

2. Please indicate which day(s) you would be available:
 Tuesday Wednesday Friday
3. Please indicate your earliest start date: _____
4. What languages do you speak? _____
5. What languages do you read and/or write? _____
6. Are you interested in delivering by bicycle? (a bike trailer will be provided)
 No Yes
a. If yes, would you have a car to use in case of bad weather? _____
7. Have you ever had a communicable disease that could be a potential risk to a senior?
 No Yes; Please explain: _____
8. Have you been exposed to a communicable disease in the past six months?
 No Yes; Please explain: _____
9. Have you ever been convicted of a felony?
 No Yes; Please explain: _____

Signature: _____ Today's Date: _____

Thank you for your interest. We will call you within a week to discuss your application.

.....
For Office Use Only

Day(s) of the Week: _____

Start Date: _____

Referral Source/How did they hear about MOW?: _____

Orientation to be conducted on: _____ by _____ Initial

Training Series Completed on: _____



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Berkeley Meals on Wheels VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

1. I, _____, agree to work for the City of Berkeley ("City") as a volunteer for the Meals on Wheels Program ("Program") for the Department of Housing & Community Services, Aging Services Division.
2. I am aware that participation as a volunteer in the Program may require that I use my own car or bicycle for transportation. I am voluntarily participating in this activity with knowledge of the danger involved and agree to accept any and all risks of personal injury. I understand that if I deliver by auto, that I must maintain a valid driver's license and current auto insurance while I deliver meals for the Berkeley Meals on Wheels program.
3. As consideration for participating in the Program, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue the City or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of the City as a result of my participation in the Program. I HEREBY RELEASE AND DISCHARGE THE CITY, AND ITS OFFICERS EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE OR MAY HAVE IN THE FUTURE FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROGRAM.
4. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROGRAM, THAT I AM NOT COVERED BY THE CITY OF BERKELEY WORKERS' COMPENSATION PROGRAM. I authorize the City to seek emergency medical treatment in case of injury, accident or illness. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
5. I agree to abide by volunteer policies and procedures provided to me by the Program orientation and trainings and to abide by additional policies and procedures as they are provided to me.
6. I understand that the Berkeley Meals on Wheels prohibits the use of alcohol or drugs while volunteering.

7. As a Berkeley Meals on Wheels volunteer, I recognize that personal client information must remain confidential. By signing this agreement, I agree to discuss Meals on Wheels client matters with City staff ONLY. Client matters may refer to circumstances, names, addresses, phone numbers or other personal matters. I agree to keep this information confidential even after I am no longer volunteering with the Berkeley Meals on Wheels program.
8. The City has my permission to use any photos or videos taken during my volunteer activities in order to promote the City, its programs, or events.
9. I understand that I may terminate my volunteer activities at any time for any reason. I understand that my volunteer activities may be terminated by the City at any time for any reason.
10. I understand that I am not authorized to represent the City in any official capacity (in the media or to the general public) without prior permission of the management of the City of Berkeley.
11. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Volunteer Signature

Date

Received By:

Date

CRIMINAL BACKGROUND CHECK

In order to meet a mandate of the Alameda Agency of Aging, we are asking that volunteers that deliver or work independently with seniors participate in a Criminal Background Check. As part of this process you will be asked to provide such information as your Social Security number, driver's license number, and past and present residential addresses. In order to maintain confidentiality, the background check will be performed by an independent company. The Criminal Background Check will be paid for by the City of Berkeley.

Below are additional details on the scope of the criminal background check.

Driver's License Check: This would catch any tickets, citations, or convictions related to poor driving, including DUIs. (History of 7-10 years)

State and National Sex Offender Registries: Most states have sex offender registries available online. However, states do not share the same criteria of what constitutes a "sex offender." (Any crimes that would cause an individual to be on a sex offender registry should show-up in a state or FBI criminal background check).

The process does NOT include a financial background check involving credit history, or health history reviewing your medical records.

Thank you for taking the time to complete the Meals on Wheels Volunteer Application. By meeting this State and County mandate, we will ensure continued funding to Berkeley Meals on Wheels.

Volunteer Background Check Release Form

I, _____, hereby authorize City of Berkeley Meals on Wheels and/or its agents to make an independent investigation of my background, references, character, past employment, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualification for work now and, if applicable, during the tenure of my work with City of Berkeley Meals on Wheels.

I release City of Berkeley Meals on Wheels and/or its agents and any persons or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge.

First Name Middle Name Last Name (Printed)

Maiden Name or Other Names Used

Present Address

City/State

Zip

Former Address

City/State

***Date of Birth**

***Social Security Number**

***Drivers License Number**

***State of License**

Signature

Date

***NOTE:** The above information is required for identification purposes only, and is in no manner used as qualification for employment. City of Berkeley Meals on Wheels is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Religion, Age, Physical/Mental Impairment or National Origin.



Berkeley Meals on Wheels
Aging Services Division
Health Housing and
Community Services Department

OATH OF CONFIDENTIALITY

I, _____, agree to hold confidential all information pertaining to the City of Berkeley Meals on Wheels nutrition program participants. I agree not to remove files from premises, nor to divulge any information to any unauthorized individuals regarding client status, or home address. I further agree not to publish or otherwise make public any information regarding the City of Berkeley participants in such a way as to identify the recipient of the Meals on Wheels nutrition program.

Signature of Volunteer

Date of Signature



PHOTO RELEASE FORM

I give the City of Berkeley and Berkeley Meals on Wheels permission to publish and print in electronic format the likeness or image of me.

I release all claims against the City of Berkeley and Berkeley Meals on Wheels, with respect to copyright ownership and publication including any claim for compensation related to use of materials.

NAME (printed)

Signature

Date