



City of Smithville

Meals on Wheels Volunteer Application

Name	
Address	
Phone	e-mail
DOB	SSN
Emergency Contact Name	
Relationship	Phone
Driver's License #	State
Auto Insurance Company	Phone
Day(s) of the Week	
Month(s) of the Year	
STATEMENT OF LIABILITY Smithville Meals on Wheels is not responsible for personal injuries or property damage suffered or caused by a volunteer in connection with his or her volunteer activities. As a condition to serving as a volunteer, each volunteer is expected to maintain his or her own insurance covering these and other risks.	
CONFIDENTIALITY STATEMENT It is understood that as a volunteer of Smithville Meals on Wheels you will protect the privacy of all those we serve by maintaining strict confidentiality when discussing meal recipients and the nature of their health conditions. Under no circumstances should a volunteer from Meals on Wheels divulge recipient information to anyone outside the organization.	
CRIMINAL RECORDS CHECK By signing below, I realize that a criminal records check may be conducted upon submission of this application, and I hereby consent to such a check.	
Signature	Date

(Download and fill out form then click submit)