



## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

### CONTACT INFORMATION

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_  
Street apt. City Zip

E-Mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ Phone (evening) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about Citymeals-on-Wheels? \_\_\_\_\_

### BACKGROUND INFORMATION

Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Business/School Address: \_\_\_\_\_

Length of Time on Job: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

**Please attach a copy of your Driver's License or Non-Driver's Photo ID to application.**

Do you speak any languages other than English? Yes\_\_\_ No\_\_\_ If yes, please name \_\_\_\_\_

Do you have any physical limitations? (i.e. chronic back pain, poor vision, etc.)

If yes, please explain \_\_\_\_\_

Please describe previous volunteer experience. Include the organization(s), location(s) and date(s)

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**Please note:** If you have any convictions or criminal charges pending you are **not** eligible to volunteer with us. *Citymeals-on-Wheels cannot accept court mandated community service.*

Complete application and fax to 212-687-1296 or mail to Citymeals-on-Wheels, 355 Lexington Avenue, 3<sup>rd</sup> Fl. NY, NY 10017

**VOLUNTEER AVAILABILITY AND SERVICE**

**Please indicate the specific neighborhoods to which you are willing to travel for a volunteer assignment.**

Manhattan \_\_\_\_\_ Brooklyn \_\_\_\_\_

Queens \_\_\_\_\_ Bronx \_\_\_\_\_

Staten Island \_\_\_\_\_

**Please circle your times of availability for volunteering.**

**Monday** AM/ PM/ EVE      **Tuesday** AM/PM/EVE      **Wednesday** AM/PM/EVE      **Thursday** AM/PM/EVE  
**Friday** AM/PM/EVE      **Saturday** AM/PM/EVE      **Sunday** AM/PM/EVE

Citymeals-on-Wheels offer volunteers a wide variety of ways to help in one of our meal centers. If you have a preference for the type of volunteer placement you want please indicate below. If you have more than one choice please cite your order of preference (example, 1st, 2nd, etc.).

**Individual Volunteer Opportunities**

\_\_\_\_\_ Meal Delivery (Saturday AM)  
Opportunities available in Manhattan, Queens, and Brooklyn

\_\_\_\_\_ Friendly Visiting (Schedule to be arranged between volunteer and senior). This is a 6-month commitment.  
Opportunities available in Manhattan, Queens, and Brooklyn.

\_\_\_\_\_ Senior Chat (Schedule to be arranged between volunteer and senior) This is an on-going commitment.

\_\_\_\_\_ Senior Script Volunteers respond with warm personal letters to our seniors. This is an ongoing commitment.

**Please list skills and Experiences:**

Description	Skill Level (Beginner, Intermediate, Advance)	License
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**REFERENCES**

Please list the names and addresses of two (2) people who can vouch for your reputation, character, and responsibility, and who have known you at least two years. If employed full time, one reference must be your employer. **Please do not list relatives.** Please list accessible individuals only.

Name	Relationship	Phone #
_____	_____	_____
_____	_____	_____

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\_\_\_\_\_

**Release from Liability**

I, \_\_\_\_\_, acknowledge and agree that as a volunteer for Citymeals-on-Wheels, I (or we, if applicable) will not receive any monetary compensation for myself and on behalf of my minor child (ren) if applicable, or any other form of remuneration from Citymeals-on-Wheels. I agree to hold harmless and hereby indemnify Citymeals-on-Wheels, if through the course of my volunteer work I am injured, become ill and/or require medical treatment. I hereby waive any claim, know or unknown, against Citymeals-on-Wheels, its officers, directors and/or employees resulting from such circumstances.

I realize that Citymeals-on-Wheels provide meals to homebound elderly and that during the course of my volunteer work I may learn information about those served. I understand that this information is strictly confidential and I shall never disclose any of this information to any other person or entity.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

**Statement of Understanding and Consent**

I have read the accompanying materials. I hereby swear and attest that all information provided on this application is true and complete to the fullest extent of my knowledge. If I am accepted as a Citymeals-on-Wheels volunteer, I understand my obligation to fulfill my volunteer responsibilities to the best of my ability. I acknowledge and agree that in the case of extenuating circumstances, I am not obligated to serve as a Citymeals-on-Wheels volunteer.

I further agree to accept the supervision of the appropriate individual(s) at my assigned volunteer placement and to discontinue my service if I am requested to do so by the organization.

I understand once I am assigned to a volunteer placement I will be required to maintain monthly contact with Citymeals-on-Wheels Director of Volunteer Programs or Volunteer Coordinator for the purpose of monitoring and assessing the client/volunteer relationship.

Citymeals-on-Wheels will contact my references and may conduct a background check. Citymeals-on-Wheels reserves the right to reject a candidate for any reason that the agency, in its sole judgment, determines will or may affect either the best interests of a client or Citymeals-on-Wheels. Furthermore, Citymeals-on-Wheels reserve the right to withhold the reason(s) for such a refusal.

**I have read and understand the above and my signature consent to these statements.**

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: Citymeals-on-Wheels will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation, or disability.**

**For office use only:**

Orientation date \_\_\_\_\_ Reference checks completed \_\_\_\_\_

Received Guidelines and Responsibilities \_\_\_\_\_

Center referral \_\_\_\_\_ Start date \_\_\_\_\_

Volunteer Job(s): \_\_\_\_\_

Notes: \_\_\_\_\_

Data entered by: \_\_\_\_\_