



VOLUNTEER APPLICATION
and Request for Background Check

Please clearly print in pen:

Today's Date _____

First Name _____ Middle _____ Last Name _____

Other Names (maiden, nicknames, etc.) _____

Date of Birth _____ Gender _____ E-mail _____

Address _____

Home Phone: _____ Cell Phone: _____

Preferred Contact method: Call Home Phone Call Cell Phone Text Cell Phone Email

Would you like to receive information about GSC Meals on Wheels via e-mail? Yes No

In case of emergency contact:

Name _____ Relationship _____ Phone _____

Please provide two references:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

How did you hear about GSC Meals on Wheels? _____

Why do you want to volunteer with us and what do you hope to gain? _____

Check if volunteering as part of a Group/Employer (group name) _____

Volunteer Interests: Meal Delivery: preferred area(s): Spokane Valley Spokane City Central
South Spokane North Spokane West Spokane Cheney Airway Heights Deer Park
Nutrition Internship Silver Café _____ Kitchen Holiday/Seasonal

Office: Clerical Phone Maintenance Other _____

Availability (Please check all that apply):

Monday Tuesday Wednesday Thursday Friday

Would you be available to substitute? Yes No Substitute Only Holiday

If you are interested in becoming a volunteer driver, please provide the following information:

Valid WA State Driver's License # _____ Expiration Date _____

Auto Insurance Provider _____ Effective Dates _____

Request for Criminal History Information

For the safety of our clients, Greater Spokane Valley Meals on Wheels conducts a Washington State Request for Criminal History Information on all volunteers having contact with our clients. By signing below, I authorize GSC Meals on Wheels to conduct a background check.

Child and Adult Abuse Information Act

Under the Child and Adult Abuse Information Act, requests for CHRI are limited to businesses or organizations licensed in the state of Washington; any agency of the state; or other governmental entities that educate, train, treat, supervise, house, or provide recreation to developmentally disabled persons, vulnerable adults, or children under 16 years of age.

Signature

Date



VOLUNTEER CONFIDENTIALITY AGREEMENT

All information about clients and volunteers is confidential and should not be discussed with others except in cases of potential or real danger. Any volunteer may be subject to warnings or possible immediate dismissal for breach of this conduct.

1. Protect any personal information you learn about a client the same way you would want your private information protected in a hospital. If you've ever been a patient, you have probably assumed the medical staff would keep your information private. This includes your health and treatment information, but may also include your financial, psychological, insurance, and possibly legal situation as well as that of your family members. Client information includes all of this and more.
2. Don't share any client name or situation with family members or friends.
3. Don't discuss client names or situations in public or where it could be overheard by others.
4. Keep all client information and materials in a secure location. Do not copy or remove any client information from a GSC MOW pick-up site unless authorized to do so by a GSC MOW staff member.
5. Don't discuss any client or their situation with anyone in the media. Refer all media inquiries to GSC MOW.
6. If you have any issues or concerns about clients, their information, or confidentiality, immediately discuss these with a GSC MOW staff member. A breach of confidentiality is grounds for termination or personal liability.

Signature: _____

Print Name: _____ Date: _____

Please email this form to info@GSCMealsonWheels.org
Once your background check has been completed, you will be contacted.