

BACKGROUND CHECK

MEALS ON WHEELS VOLUNTEER

Please check off the Site where the Volunteer will be based from:

☒ AUBURN HILLS ☐ BRANDON TOWNSHIP
☐ INDEPENDENCE TOWNSHIP ☐ ORION ☐ OXFORD / ADDISON

Please print and complete one form for each volunteer.
Provide a copy of the Driver's License and a signed copy of the Job Description.

FULL NAME: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

CELL PHONE: _____ HOME PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SEX: () MALE () FEMALE

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

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.

Volunteer Signature: _____

Date: _____

Site Hostess Signature: _____

Date: _____