



Murrysville Meals-On-Wheels
3202 North Hills Road
Murrysville, Pa. 15668
724-327-6842
www.murrysville-mow.org

VOLUNTEER APPLICATION

Name _____ Date Available _____

Address _____

Phone _____ Cell Phone _____

E-Mail Address _____

Emergency Contact/Phone Number _____

Preferred Day (circle) Monday Tuesday Thursday Friday

Type of Volunteer Work Preferred (circle)

 Cook Driver Baker Buyer

Other _____

Would you prefer to volunteer more than once a month? YES NO

Can you substitute at the last minute? YES NO

Can you drive in the snow? YES NO

DRIVERS

Insurance coverage by _____

Have you ever been convicted of a felony? YES NO

PLEASE READ AND SIGN THE BACK OF THIS APPLICATION

**THANK YOU FOR YOUR WILLINGNESS
TO GIVE BACK TO THE COMMUNITY**

Release from Liability

(Print) I, _____ acknowledge and agree that as a volunteer for Murrysville Meals on Wheels that I will not receive any monetary compensations for myself. I agree to hold harmless and hereby indemnify Murrysville Meals 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 against Murrysville Meals on Wheels and its volunteers from such circumstances.

I realize that meals are provided to the 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

I agree to uphold and abide by the policies and procedures

I further agree that failure to reveal pertinent information, or the giving of false or misleading information by me, may be grounds for termination of my volunteer assignment.

Signature

Date

Questions or Concerns call Lynn Staab 724-327-6842

RETURN TO:

**Murrysville MOW
% Lynn Staab
3202 North Hills Road
Murrysville, Pa. 15668**