**VOLUNTEER INFORMATION**

Section 55.9 of the Home-Delivered Meals Handbook promulgated by the Texas Department of Aging and Disability Services requires a provider agency to maintain documentation to show that volunteers meet requirements and agree to follow guidelines outlined in subsections (a)-(c) of Section 55.9. Please complete the following information and return to Director, or mail to:

Meals on Wheels

PO Box 1984

Plainview TX 79073

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (H):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of organization you represent as a driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am available on the following days: О Mon О Tue О Wed О Thur О Fri

О Substitute О Permanent О Emergency When can you begin? \_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate any languages you speak in addition to English: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am available to pick up meals after 10:45 a.m. and no later than 11:00 a.m. for delivery.

I am over 18 years of age, or will be supervised by a volunteer who is at least 18 years of age.

I have received a copy of the Volunteer Guidelines and agree to abide by the provisions of the guidelines.

My signature below provides written authorization to Hale County Meals on Wheels to obtain background checks (DPS, NAR, EMR) on my behalf as required by the Texas Department of Aging and Disability Services (Section 49.304).

Call Kim Horne @ 292-9020 if you have any questions.

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

Signature