**A picture containing text, font, graphics, graphic design

Description automatically generatedVOLUNTEER INFORMATION**

Section 55.9 of the Home-Delivered Meals Handbook promulgated by the Texas Health & Human Services Commission 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 it to the Director. Fax: 806-329-2130, Email: Ashley.plainviewmow@gmail.com, mail:Meals on Wheels, 1402 Borger St., Plainview TX 79072.

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 10:30 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 the Policy on Abuse, Neglect and Exploitation Allegations and agree to abide by the provisions of these policies.

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 Health & Human Services Commission (Section 49.304).

Call Ashley Mayberry @ 292-9020 if you have any questions.

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