



Office Use Only: Criminal BG Check - Date: DMV Check - Date: Sex Offender Registry - Date: Vol. Reporter - Date:

Volunteer Application

Name: _____

Last

First

Middle Initial

Address: _____

Street

City

Zip

Mailing Address if Difference: _____

Primary Phone: _____ Other Phone: _____

Email Address: _____

Would you like to be added to the MCH Meals on Wheels email list? Yes No

Contact Preference: Text Email Phone

Emergency Contact Name & Relationship: _____

Phone: _____ Address: _____

How did you hear about MCH, Inc. & Meals on Wheels?

Please tell us why you are interested in volunteering:

Do you have any restrictions that may affect your ability to volunteer that MCH, Inc. should be

aware of? Yes No **If yes**, please describe: _____

Do you have reliable transportation? Yes No

Vehicle Info: Year: _____ Make: _____ Model: _____

(Please provide a copy of your driver's license and insurance card)

Insurance Agent: _____ Insurance Company: _____

Insurance Policy Number: _____

MCH Inc. recommends insurance of \$250,000 any one occurrence, \$500,000 aggregate for bodily injury and \$100,000 for property damages.

Any violations on your driving record in the past 5 years? Yes No

If yes, please explain: _____

Have you been convicted of a crime? Yes No

If yes, please explain: _____

Please indicate the days that you are available to volunteer:

Mon Tue Wed Thurs Fri

Please indicate your geographic preference:

Union Washington Rockland South Rockland North Warren/Cushing

St. George/Thomaston Camden/Rockport No preference

Are there times or seasons when you are unable to volunteer?

If yes, please specify: _____

Volunteer Background Agreement

Authorization for Release of Confidential Information to MCH, Inc.

Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Other names I have been known by (including maiden name): _____

- I authorize release of information for a **Criminal History Check**.
- I authorize this information to be released to MCH, Inc.
 - The confidential nature of this information is protected by state confidentiality laws. This information will not be further release except as provided by Title 22 MRSA #4008 and/or other state law.
 - Under some circumstances, it may be necessary to release this information to a court for its use in making a decision.

This consent may be revoked by me (applicant) in writing, at any time, except for information that has already been released.

Signature of Volunteer

Date

Agency/Provider to receive information: MCH, Inc., 46 Summer Street, Rockland ME 04841

Volunteer Confidentiality Agreement

I, _____, understand that MCH, Inc. (hereinafter the "MCH, Inc.") has a legal and ethical responsibility to maintain the privacy and confidentiality of all client/recipient information. Any contact that I have with a client/recipient and any information shared with me by a client/recipient will remain private and confidential in the manner set forth in the policies and procedures of MCH, Inc.

I will not disclose any client/recipient information or discuss any such information with anyone except the Volunteer Coordinator or an appropriate staff member or other persons as determined by MCH, Inc.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications or purging of subscriber information, nor will I use any subscriber lists for any usage without express written consent from MCH, Inc.

I will not access or view any proprietary information about MCH, Inc. If I have a question about whether to access proprietary information, I will ask the Volunteer Coordinator before doing so.

I have read the above agreement, understand it, and agree to comply with all its terms.

Signature of Volunteer

Date

Printed Name

Signature, Volunteer Coordinator

Date

You can print completed form and return to:

MCH, Inc. Attn: Katie Tarbox

46 Summer Street, Rockland Maine 04864

Or email to: ktarbox@mchinc.org