



**MEALS on WHEELS**  
EASTERN KANSAS

Meals on Wheels Volunteer Application  
PLEASE PRINT

Are you volunteering as:

\_\_\_\_\_ Corp/Org Name of Corp/Org: \_\_\_\_\_

\_\_\_\_\_ Individual

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

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

City, State, Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Employer or Retired from: \_\_\_\_\_

Driver's License number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ (month/day)

Insurance Company: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

I would like to help with:

\_\_\_\_\_ Meal Delivery \_\_\_\_\_ Office volunteer \_\_\_\_\_ Congregate Meal Site \_\_\_\_\_ Special Events

Are you available as a substitute driver, if needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you plan to deliver with a partner please list their:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you find out about our Meals on Wheels volunteer opportunities?

\_\_\_\_\_ Media \_\_\_\_\_ Church bulletin \_\_\_\_\_ Corporate \_\_\_\_\_ Individual (Name: \_\_\_\_\_)

Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No If so, which branch: \_\_\_\_\_

**“Together We Can Deliver”**

*Meals on Wheels exists to nourish the elderly and/or homebound people in our communities*

2134 SW Westport Drive  
Topeka, Kansas 66606  
(785) 430-2186  
mow@midlandcc.org  
[www.mowks.org](http://www.mowks.org)



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## **Meals on Wheels of Eastern Kansas, Inc.**

### *Code of Ethics for Volunteers*

Meals on Wheels of Eastern Kansas, Inc. (MOW) recognizes the critical role of its volunteers, and is extremely grateful for their dedication, their time and their caring.

#### ***PERFORMANCE STANDARDS***

Meals on Wheels of Eastern Kansas, Inc. asks you as a volunteer to:

- Perform your service to the best of your ability, maintaining the client’s interests as your primary focus.
- Maintain an environment free of harassment (physical, sexual, or verbal), discrimination and unprofessional conduct.
- Refrain from false, misrepresented or omitted information on a volunteer application and understand that MOW cannot accept applications with such information.
- Agree not to be under the influence of alcohol or illegal substances while volunteering for MOW.
- Possess a valid driver’s license and the required vehicle insurance. To take the responsibility to check with your insurer to determine the terms of your policy and to make sure that it covers damages to your vehicle and third party claims in the event of an accident while you are a volunteer are driving for MOW.

#### ***CONFIDENTIALITY POLICY***

It is essential that the internal affairs and client records of Meals on Wheels of Eastern Kansas, Inc. be kept confidential. No client information will be released except as defined by professional guidelines or without the knowledge and consent of the President and CEO. No agency information regarding personnel or donors will be released to any person or organization without the knowledge and consent of the President and CEO. Violations of this policy may result in termination.

#### ***CONFLICT OF INTEREST***

MOW asks that you as a volunteer avoid activity construed as conflict of interest. MOW asks that you as a volunteer neither accept loans or gifts of money or property from clients. MOW asks that you as a volunteer not give gifts of money or property to clients, unless through an organized agency program. Please refrain from offering medical, legal, or financial advice to clients.

#### ***RESPECT OF CULTURAL, RELIGIOUS AND POLITICAL BELIEFS***

MOW asks that you as a volunteer respect the cultural, religious and political views of clients and refrain from imposing your cultural, religious and political views on clients.

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

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EMPLOYEE/VOLUNTEER CRIMINAL BACKGROUND AFFIDAVIT

(STATE OF KANSAS)  
(COUNTY OF SHAWNEE, DOUGLAS OR JEFFERSON)

I, \_\_\_\_\_, being of lawful age and having been first duly sworn upon my oath,  
(PRINT or type name) do hereby affirmatively state and depose:

Mark either: 1 or 2.

- 1) \_\_\_\_\_ I currently hold a position of employment with Meals on Wheels of Eastern Kansas, Inc. that may require the performance of services inside the homes of Kansas seniors.
- 2) \_\_\_\_\_ I am seeking a volunteer opportunity with Meals on Wheels of Eastern Kansas, Inc. that may require the performance of services inside the homes of Kansas seniors.

Mark either: a. or b. If you mark b, use the blanks to list your convictions.

- a) \_\_\_\_\_ I have never been convicted of any misdemeanor or felony crime, excluding speeding or parking convictions, nor listed on a registered offender list; in any state, territory, or country.
- b) \_\_\_\_\_ I have been convicted of the following misdemeanor and/or felony crimes, other than speeding or parking convictions, and/or listed on a registered offender list; in the jurisdictions, in the years identified below:

State or Territory, Country	Year	Description of Crime
_____	_____	_____
_____	_____	_____

- 3. I understand that Meals on Wheels of Eastern Kansas, Inc. will consider the information I am giving in this affidavit when deciding whether or not to allow me to perform services inside the homes of Kansas seniors.
- 4. I am voluntarily making this affidavit to provide Meals on Wheels of Eastern Kansas, Inc. with complete information about my criminal history, if any.
- 5. I understand that I am making this Affidavit under penalty of perjury for any intentional misstatement made herein.
- 6. I understand that if I am convicted of any misdemeanor or felony crime, excluding speeding or parking convictions, in any state, territory, or country in the future, I will notify Meals on Wheels of Eastern Kansas, Inc. immediately.
- 7. Further, I understand that a failure to provide complete and accurate information regarding my criminal history, if any, will be grounds for immediate dismissal.

\_\_\_\_\_  
(Full Name Signature of Affiant)

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