



3 Farm Rd., New Canaan, Ct. 06840  
203-594-5318 [info@mowofnc.com](mailto:info@mowofnc.com)

### Volunteer Application

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Email \_\_\_\_\_ Preferred method for last minute contact: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#### All Volunteers

Delivery of Meals takes about 1.5 hours to complete. Drivers, delivery partners, and substitute drivers are needed daily M-F including holidays from 10:45am - 12:30pm. Delivery drivers need dependable transportation, a current valid driver's license and auto insurance.

\*I am volunteering as a delivery partner and will not drive **Signature:** \_\_\_\_\_

#### For Volunteer Drivers

As a Volunteer Driver for Meals on Wheels of New Canaan I understand that I must utilize my own privately owned vehicle for deliveries and maintain the state mandated minimum liability insurance on the vehicle being used for meal deliveries. I affirm that my physical abilities and past driving record show no factors that would hinder my service as a driver for MOW. I also affirm that I have not been arrested or convicted of larceny of any degree or convicted of any other misdemeanor or felony, in any degree, in any state or federal court of the United States or any other country.

**Signature:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

\*Please attach a copy of driver's License and vehicle registration to this application.

#### Release

Meals on Wheels of New Canaan, Inc. does not provide Workman's Compensation or any other type of medical or accident insurance for volunteers. The undersigned volunteer hereby releases Meals on Wheels of New Canaan, Inc., its agents and employees, from any liability or obligation arising from or in connection with, the undersigned's volunteer activities with Meals on Wheels of New Canaan, Inc.

\_\_\_\_\_  
Signature of Volunteer/Date

\_\_\_\_\_  
Signature of MOW of NC  
Community Coordinator/Date

