



Date Received by MOW of NC: _____

3 Farm Road
New Canaan, CT 06840
(203) 594-5318
mowofnc.org

Volunteer Application

Name (Last) _____ (First) _____

Address _____ City/State _____ Zip _____

Cell phone _____ Home phone _____

Email _____

Emergency Contact _____ Relationship _____ Phone _____

Deliverers can be individuals or teams, and need need dependable, registered transportation, a current valid driver's license and auto insurance.

A) For All Volunteers - Release of Liability

The undersigned volunteer hereby releases Meals on Wheels of New Canaan ("MOW of NC") and its board, agents and employees from any and all liability or obligation arising from or in connection with the undersigned volunteer's activities with MOW of NC. I understand that MOW of NC does not provide Workman's Compensation or any other type of medical or accident insurance for volunteers.

Signature _____ **Date** _____

B) For Non-Driving Delivery Partners

I am volunteering as a delivery partner and will not drive. I 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 _____ **Date** _____

C) For Volunteer Drivers

As a Volunteer Driver, I understand that I use my own vehicle for deliveries. I affirm that I hold a current state issued driver's license, *a copy of which is attached*. I affirm that the vehicle I use is state registered and is insured as required by the state it is registered in. My physical abilities and past driving record show no factors that would hinder my service as a driver for MOW of NC. 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.

Driver's License Number and State issued _____

Signature _____ **Date** _____