



MEALS on WHEELS
WESTLAKE

TOGETHER, WE CAN DELIVER.

Volunteer Agreement

Mission: to safely deliver freshly prepared, nutritious meals to residents of Westlake, North Olmsted, Olmsted Falls and Olmsted Township who are unable to shop for and prepare meals for themselves.

- _____ 1. I understand that my volunteer role is critical to the functioning of Westlake Meals on Wheels and that reliability is essential.
- _____ 2. I will notify the Volunteer Coordinator with a week advance notice and minimum of 48 hours in advance when a planned absence is to be scheduled to allow a substitute to be recruited to fill my shift(s). When possible I will recruit a substitute to fill my shift(s) and will advise the Volunteer Coordinator.
- _____ 3. In the event of an unforeseen absence, such as sickness, the Volunteer Coordinator will be notified by calling the kitchen 440-871-2551 as soon as possible. When possible I will recruit a substitute to fill my shift(s) and will advise the Volunteer Coordinator.
- _____ 4. I will update the Volunteer Coordinator of any changes in my contact information or ability to fulfill my duties.
- _____ 5. I understand that it is important to follow the guidelines set by the Volunteer Coordinator, Head Cook, Westlake Meals on Wheels Board as well as Health Department, OSHA and State regulations.
- _____ 6. I understand that recipient safety and wellbeing is priority of the organization I serve and I agree to act in accordance of the goals of Westlake Meals on Wheels.
- _____ 8. I attest that I have no warrants or criminal charges pending against me as well as no criminal history.

Driver's Only:

_____ I attest that I hold a valid Driver's License in good standing and that my vehicle is insured by
(name of Company) _____ Insurance Company; I will
provide a copy if requested.

By signing below, I agree to all terms and confirm that all information provided is truthful and accurate.

Volunteer Name: _____

Signature: _____

Date: _____



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Volunteer Information Form

Start Date: _____

Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ (circle) Land Cell Work

Other: _____ (circle) Land Cell Work

Email: _____

Emergency Contact Name: _____
Relationship: _____
Phone: _____ Cell: _____

I am interested in serving in the role(s) of (Circle all that apply): Driver Kitchen Assistant Baker Board Member

I may be available (Circle all that apply):

Any day Mondays Tuesdays Wednesdays Thursdays Fridays Weekends/Holidays

Amount of Notice I Need (Circle least amount):

I can be available Immediately 1 Hour 1 Day More than 1 Day 1 Week

Willing to be a substitute? (circle) Yes No If yes, (Circle all that apply): Driver Kitchen Assistant Baker
Willing to be a trainer? (circle) Yes No If yes, (Circle all that apply): Driver Kitchen Assistant Baker

My image can be used in marketing materials, including the organizations web site:
www.WestlakeMealsonWheels.org (circle) Yes No

Signature: _____ Date: _____

Volunteer Coordinator Only: Annual Verification: _____
 Added to Roster _____
 Added to Schedule _____