



Mobile Meals of Tucson, Inc.

Volunteer Application

PLEASE PRINT CLEARLY:

Name: _____ Date _____

Address: _____ Zip _____

Telephone: (Home) _____ (Cell) _____

Contact person in case of emergency _____ phone _____

E-mail address: _____

Date of Birth _____ Male _____ Female _____

Days Available to Volunteer: M T W Th F

Applying for volunteer position as:

Driver _____ Office _____ Client Interviewer _____ Scheduler _____ Paperwork Liaison _____

Computer Literate: Yes _____ No _____ Do you speak Spanish? _____ Other Language _____

Have you ever volunteered before? Where & When: _____

Have you ever been convicted of a felony? Yes _____ No _____

How would you rate your driving record? (circle one) excellent good fair poor

How did you hear about Mobile Meals? _____

If you would also be interested in serving on one of these committees, please check below:

- Finance
- Strategic Planning
- Board Development (Nominating)
- Marketing/Fundraising

Applicant signature _____ **Date** _____

For insurance purposes, we are required to have a photocopy of your current Driver's license and current automobile insurance verification on file.

Driver's License # _____ **Exp Date** _____ **State** _____



Mobile Meals of Tucson, Inc.

Confidentiality Statement

Mobile Meals of Tucson, Inc. provides services of an extremely personal nature.

All Agency Staff, Volunteers and Board Members understand that as part of their duties with Mobile Meals, they may have access to “Confidential Information.”

It is the policy of the Agency that the information provided by its clients is their property. Therefore, it is the responsibility of persons working for and with Mobile Meals (whether as employees or volunteers) to protect that information in any way possible.

I AGREE that during my time with Mobile Meals and following termination of my status, I shall not disclose to any third party or use for my own benefit any “Confidential Information.”

This includes, but is not limited to: client lists, contracts, financial information, procedures and manuals, promotional strategies, relationships with clients, and any information which can be considered private, confidential and privileged.

This “Confidential Information” can be used only for the benefit of Mobile Meals, and shall not be divulged or retained by any means or any party outside of Mobile Meals except upon written authorization by the Executive Director of Mobile Meals.

If and when Agency Staff or Volunteers, including Board Members, encounter a client in public and have only a professional association with the client, they shall not acknowledge knowing the client until or unless the client first acknowledges the staff member/volunteer. Further, the staff member/volunteer shall leave it to the client to state the basis of their acquaintance.

I have read and agree to abide by the aforementioned policy.

Signature

Printed Name

Date

AUTHORIZATION FOR PHOTO/PERSONAL INFORMATION RELEASE

Name: _____

Address: _____

Phone: _____

Use of Photo/Video Images:

I hereby authorize **Mobile Meals of Tucson, Inc.** and its employees/media partners to photograph, copyright, use and publish my photographic or video image.

I understand that the photographic or video image may be produced and released in any form, in whole or in part, with such alterations and changes as **Mobile Meals of Tucson** desires.

I understand that the purpose of the use or release of the photographic or video images may be used for training, marketing or general newsletter usage.

The use or release of the images may be made either to the public or within **Mobile Meals of Tucson**, or both, including, without limitation, commercial or noncommercial publications and exhibits.

I agree that all pictures, reproductions, plates, negatives and tapes of any kind relating to the images are and shall remain the property of **Mobile Meals of Tucson** and/or any company to whom permission has been granted, as listed above.

I understand that this Authorization can be revoked by me at any time by submitting a written request to:

Mobile Meals of Tucson
4803 E. 5th Street, Ste. 209
Tucson, AZ 85711

I understand that revocation will not apply in instances in which **Mobile Meals of Tucson** has acted upon this Authorization prior to the revocation being received by **Mobile Meals of Tucson**.

Signature: _____

Date Signed: _____

Use of Name:

I hereby authorize **Mobile Meals of Tucson** and its employees/media partners to reference my name, and general information about whether I am a client, volunteer or employee, along with general information about my history as related to **Mobile Meals of Tucson**.

Signature: _____

Date Signed: _____

A copy of this Authorization must be presented to the person signing the Authorization.