FOOD for Lane County

Meals on Wheels Volunteer Information Sheet and Release Form

 Name:­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult? (18 or over) \_\_\_\_\_\_\_ Youth? (Under 18) \_\_\_\_\_\_\_\_ \*\*Drivers must be 18 or over\*\*

What is the best way to contact you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Information:

Do you have any known medical conditions that may affect the safety of any food that you

may have contact with? (Y) \_\_\_ (N)\_\_\_\_ If yes please explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any limitations that may affect your work? (Y)\_\_\_\_\_ (N)\_\_\_\_\_ If yes please explain:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you volunteering with a group, club, school requirement or organization?

 If so, which one?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about FOOD for Lane County or any of its programs?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Media Release:

 FOOD for Lane County has permission to use my voice, name, likeness, photograph, or videotaped image in publicity about FOOD for Lane County and its activities. Initials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Release:

In signing this release I acknowledge that I am volunteering for FOOD for Lane County. I agree to absolve and hold harmless FOOD for Lane County from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained as a result of participation as a volunteer for FOOD for Lane County.

As required by Oregon law, volunteers must carry liability, uninsured motorist, and personal injury protection insurance when driving for FOOD for Lane County. FOOD for Lane County assumes no liability or responsibility whatsoever for the operation of your vehicle. To the fullest extent permitted by law, volunteers agree to defend and hold FFLC harmless from and against all claims, damages, loss and expense, including but not limited to attorney fees, arising out of the use of your vehicle. Volunteer drivers must be 18 years of age and have a current driver's license.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Check Application – SI Information**

Lane Council of Governments (LCOG) cannot submit a background check unless **ALL** required boxes below are complete by the SI (Subject Individual). LCOG will submit your completed background check application through the online Oregon Criminal History & Abuse Records Database System (ORCHARDS).

**Applicant Personal and Demographic Information - Type or Print clearly**

|  |
| --- |
| Legal name (last/first/middle): |
| Date of Birth: | Social Security number: |
| Email address (mandatory): |
| Gender: [ ]  Female [ ]  Male [ ]  Unknown/Not specified |
| ID/Document Choose an item. |
| Issuing State/Authority: | Document Number: |
| Prior Names and Aliases: |
| Physical address: |
| City: | State: | Zip: |
| Mailing address: [ ]  Same as physical |
| City: | State: | Zip: |
| Phone number: | Type of phone: [ ]  Mobile [ ]  Home [ ]  Other |
| During the last five (5) years have you been outside of Oregon for 60 days in a row or more?[ ]  Yes [ ]  No **If yes**, complete the following for each residence in the past five (5) years: |
| Year From: Year To: | City: | State: | Zip: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

The background check will begin as soon as the applicant enters and completes the Authorization and Disclosure portion for the background check in ORCHARDS. If not completed in a timely manner, the background check will close and will need to be started again.

|  |  |
| --- | --- |
| Signature: | Date: |