



**28 Colvin Ave, Suite 2
Albany, NY 12206
518-465-3322 (P)
518-465-6188 (F)**

VOLUNTEER APPLICATION

Name:	Today's Date				
Mailing Address:	Daytime Phone:				
City: _____ State: _____ Zip: _____	Evening Phone: _____				
VOLUNTEER POSITION AVAILABLE:					
____ Meals on Wheels Driver (10:00 am - 12:00 pm) 20 Warren St., Albany, NY 12202					
____ Meals On Wheels Kitchen Prep (10:30 am - 2:00 pm) 20 Warren St., Albany, NY 12202					
Availability:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Have you ever been convicted of a criminal offense other than a minor traffic violation?					
<input type="checkbox"/> Yes <input type="checkbox"/> No if yes, Date(s) _____					
Note: A criminal record will not necessarily bar an applicant. A criminal record will be considered as it relates to the requirements of the volunteer position for which you have expressed an interest.					
Do you possess a valid NYS Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<p>I affirm that the statements made on this application are true to the best of my knowledge. I understand that misrepresentation or omission of facts requested is cause for my non-appointment or removal as a LifePath volunteer. I authorize LifePath to check my personal information on the following sites: (1) Sex offender registry at the US Department of Justice National Sex Offenders Public Website (2) New York State Department of Corrections and Community Supervision Inmate Population and (3) Federal Bureau of Prisons Inmate Search. I further release all parties supplying said information from all liability and responsibility arising from supplying said information.</p>					
Use of Personal Vehicle: I understand and agree to provide LifePath a copy of my driver's license and copy of the declarations page of my automobile insurance policy. I also understand and agree that I will not use my vehicle in a negligent or improper manner or in violation of any law or of this agreement. I understand that LifePath does not furnish any insurance for the protection of the Volunteer if any claim or suit is made against the Volunteer arising out of his/her operation of a personally owned vehicle; nor is any insurance provided by LifePath to repair damage that may occur to the Volunteer's personally owned vehicle.					
I agree to indemnify LifePath against all claims, losses, damages and expenses, including legal fees, which LifePath may incur at the result of the use of the Volunteer's vehicle on behalf of LifePath.					
Confidentiality: I understand all client information, records, and files are the property of LifePath and deemed confidential. Such confidential personal information shall be used only for legitimate purposes to perform the duties assigned by LifePath and will not be revealed, shared, removed, modified or expunged.					



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VOLUNTEER APPLICATION (Continued)

Conflict of Interest:

I understand if any duality of interest or possible conflict of interest exists or arises, it is the Volunteer's duty to disclose the nature of the possible conflict. Volunteers shall exercise the utmost good faith in all transactions and shall not directly or indirectly personally or professionally gain from transactions.

I understand and agree that the volunteer positions at LifePath for which I am applying, is without compensation or benefits of any kind. I further understand that the provisions of this application does not constitute a contract (either expressed or implied) of employment between LifePath and me. I understand and agree that if I am offered and accept a volunteer position at LifePath, either I or LifePath may terminate the volunteer relationship at any time for any reason or for no specific reason or cause. LifePath reserves the right to determine and change its policies and procedures applicable to volunteers at any time for any reason. I understand and agree that my volunteer position is contingent upon completing the volunteer application and background checks.

Signature: _____ Date: _____

If under 18 years of age, Parent/Guardian Signature: _____

Emergency Contact-In case of emergency, please contact:

Name: _____ Relationship: _____

Phone: _____ Alternative Number: _____