



# Volunteer Application

SWIRCA & More  
16 W. Virginia St.  
Evansville, IN 47710

Phone: (812) 464-7800 or Toll Free: (800) 253-2188  
Fax: (812) 464-7843 www.swirca.org

**FOR OFFICE USE:**

- Application Received
- Orientation Received
- Interview Scheduled
- HIPPA Training Complete
- Background Check Sent
- Drivers License (Copy)
- Insurance Card (Copy)
- Release & Waiver

Today's Date: \_\_\_\_\_

For more information contact Kim Morehead  
(812) 492-7462 | kmorehead@swirca.org

## General Information

Name: <b>Last</b>		Name: <b>First</b>		Middle Initial:	
Preferred Name:		Suffix:		Maiden Name:	
Address:					
City:			State:	Zip Code:	County:
Home Phone:		Cell Phone:		Email:	
Birth Date:		How did you hear about SWIRCA & More Volunteer Opportunities?			
Have you ever been convicted of a crime or minor violation in the past 24 months? <input type="checkbox"/> yes* (if yes, please explain) <input type="checkbox"/> no					

## Emergency Contact Information

Name (Last, First):	Relationship:
Phone Number:	Alternate Phone:

## SWIRCA & More

Are you now or have you ever been a volunteer or employee of SWIRCA & More? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please list position, and dates:

## Education and Training

Highest Education Level:	Degree/Major:
School/University:	Date(s):
Current or Most Recent Occupation and Employer:	

## Drivers Licenses

Name on License:	Drivers License No.	Issue Date:	State:	Exp. Date:
Are you licensed to operate a motor vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which state? _____				
Have you had a drivers license from a state other than Indiana in the past 5 years? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which state? _____				

## Days Available

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>
---------------------------------	----------------------------------	------------------------------------	-----------------------------------	---------------------------------

## Months Available

Jan <input type="checkbox"/>	Feb <input type="checkbox"/>	Mar <input type="checkbox"/>	Apr <input type="checkbox"/>	May <input type="checkbox"/>	Jun <input type="checkbox"/>	Jul <input type="checkbox"/>	Aug <input type="checkbox"/>	Sept <input type="checkbox"/>	Oct <input type="checkbox"/>	Nov <input type="checkbox"/>	Dec <input type="checkbox"/>
------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	------------------------------	-------------------------------	------------------------------	------------------------------	------------------------------

Why are you interested in volunteering with Meals on Wheels of Southwestern Indiana & SWIRCA & More?

---



---



I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts called for on this application are a basis for dismissal as a volunteer regardless of when they are discovered. I understand that I am not applying for employment with SWIRCA & More, but rather a volunteer position which can be terminated at any time by me or SWIRCA & More. I do hereby hold SWIRCA & More harmless from any liability, whether civil or criminal that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to the above-named SWIRCA & More organization. I understand that SWIRCA & More will use this information as part of its verification of my volunteer application and periodically for evaluation purposes.

---

**Signature of Applicant:**

**Date:**

### **OPTIONAL SELF-ASSESSMENT FOR VOLUNTEER APPLICANTS**

SWIRCA & More is an equal opportunity employer. In recognition of its responsibility to its paid and volunteer staff, and the community it serves, SWIRCA & More affirms its policy to assure fair and equal treatment in all of its employment practices for all persons. We consider applicants for all positions without regard to race, color, religion, sex, age, national origin, disabled or veteran status, or other legally protected status. To help us track our organizational success, we ask your assistance in filling out this voluntary self-identification form. In addition to our internal tracking, SWIRCA & More must meet government record-keeping and reporting requirements.

Completion of this form is voluntary, and will not affect your application. This information will be kept in confidence and will not accompany your application to the prospective supervisors.

**Check One:**

- Female
- Male

**Check One:**

- White
- American Indian or Alaskan Native
- Asian
- Black or African-American
- Native Hawaiian/Other Pacific Islander
- Two or More Races
- Hispanic or Latino
- Decline to Answer

---

### **Please Return This Form To SWIRCA & More**

**Drop Off or mail to:**

**16 W. Virginia St.  
Evansville IN 47710**

**Fax: (812) 464-7843 or email  
Email: [kmorehead@swirca.org](mailto:kmorehead@swirca.org)**

## **Meals on Wheels Southwestern Indiana Confidentiality Agreement**

29.1 Confidentiality. While working at SWIRCA & More, employees and volunteers will receive confidential information about clients, volunteers, and fellow employees of SWIRCA & More as well as confidential information relating to SWIRCA & More's business, clients, operations and services. As used herein, "Confidential Information" shall mean all ideas, suggestions, innovations, conceptions, discoveries, improvements, methods, processes, specifications, compositions, techniques, systems, notes, memoranda, work sheets, lists of actual or potential clients, data and Information in any form and on any medium which SWIRCA & More treats as confidential or that concern or relate to any aspect of the actual or contemplated business of SWIRCA & More, including, without limitation, any market research, technical or scientific research and business or marketing plans. All employees and volunteers are expected to maintain confidence concerning these matters. Any request for information concerning a client, volunteer, or fellow employee of SWIRCA & More or concerning a business related matter should be referred to the employee's supervisor, who will determine the appropriate response. Any violation of this rule will result in disciplinary action up to and including discharge. Neither the employee or volunteer nor any of the employee's agents or representatives will disclose, take or use any confidential information, either directly or indirectly without the prior, written authorization of SWIRCA & More or as may be required by any court or governmental agency, provided that employee shall promptly notify SWIRCA & More of employee's receipt of any notice regarding disclosure of confidential information requested by any Court order or governmental agency to permit SWIRCA & More to oppose the disclosure of the confidential information. This policy prohibits the taking, use and disclosure of confidential information and should not be construed as limiting the employee's right to undertake any other employment or business activity. Employee and volunteer agrees that SWIRCA & More would suffer severe, irreparable harm in the event there is an unauthorized disclosure or use of confidential information and that in addition to any other remedies.

---

*Signature*

---

*Date*

Reviewed 2.6.19

## Release and Waiver of Liability By Volunteer

This release and waiver of liability (the "release") is executed by the undersigned volunteer for the benefit of Southwestern Indiana Regional Council on Aging, Inc. ("SWIRCA & More") and shall also extend to and for the benefit of the directors, officers, employees, and agents of SWIRCA & More. I hereby give and grant this release freely, knowingly, and in consideration of the service and support that I intend to provide for the benefit of SWIRCA & More. I understand that I am responsible for my own insurance coverage in the event of injury or illness due to any of my volunteer services for SWIRCA & More.

1. I agree to release and hold harmless SWIRCA & More and its successors, assigns, and insurers from any and all liability, claims, and demands which arise from the services I provide. I acknowledge that this release discharges SWIRCA & More from any liability or any claim that I may have against SWIRCA & More for injury, illness, death, or property damage. This release is intended to release SWIRCA & More from any and all liability on account of, or in any way related to or growing out of, my own negligence or the negligence of third parties or on the part of SWIRCA & More, but it is not intended to release SWIRCA & More from any liability resulting from its intentional acts.
2. SWIRCA & More shall have no responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive and release any such claim for compensation or liability.
3. I understand that the services I provide may include activities that may be hazardous to me, and I expressly assume risk of injury or harm from these activities and release SWIRCA & More from all liability. SWIRCA & More shall not be responsible for any of my lost, stolen, or damaged valuables or property.
4. I grant and convey to SWIRCA & More all right, title, and interest in any and all photographs, images, video, or audio recordings of me or my likeness or voice made in connection with my volunteer services.
5. I expressly intend that this release should be as broad and inclusive as permitted by the laws of the State of Indiana and shall be governed and interpreted in accordance with the laws of the State of Indiana.

By signing below, I agree and consent to be bound by the foregoing terms and conditions.

---

Signature of Volunteer

---

Date

---

Printed Name