



South Minneapolis Meals on Wheels (SMMOW)

Volunteer & Staff Registration

PLEASE PRINT CLEARLY: The information you provide is confidential. It will be used only for the work of South Minneapolis Meals on Wheels (SMMOW).

Last Name _____ First _____ Middle _____

Home Address _____

City _____ State _____ Zip _____

Email _____

Phone (check preferred) Home # () _____ Cell Phone # () _____

Church or group with which you intend to deliver meals (if applicable) _____

Person to notify in case of emergency:

Name _____ Relationship _____

Phone/Email _____

DRIVER'S LICENSE AND INSURANCE (unless you don't drive in connection with SMMOW)

Current Driver's License (State and # or attach photocopy) _____

Restrictions (if any) _____

Please initial in the box

I understand that Minnesota law requires that I maintain specified insurance in order to drive a vehicle in Minnesota. I presently have such insurance and agree to have such insurance whenever driving for SMMOW.

Moving violations within the past 5 years

Date(s)	Violation(s)	Comments:

MEDICAL OR OTHER LIMITATIONS

If you have any limitations or medical conditions that may affect your ability to drive or deliver meals, please explain.

CRIMINAL HISTORY

Have you ever been convicted of a criminal offense?

Yes No

Do you currently have any criminal actions pending in which you are the defendant?

Yes No

Are you currently on probation or parole?

Yes No

If you answered "yes" to any of the above, please use the space below to list the nature of the offense, the date, county and state in which it occurred and any explanation you care to provide.

INFORMATION FOR BACKGROUND AND DRIVER'S LICENSE VERIFICATION

South Minneapolis Meals on Wheels conducts a basic background check through the Minnesota Bureau of Criminal Apprehension (MN BCA <https://chs.state.mn.us>) on all volunteers, employees, and board members to help protect the safety of our clients (some of whom are vulnerable adults), volunteers, and staff.

Date of Birth _____

If your name has been changed in the last 15 years, please print previous name(s) below:

First	Middle	Last

Please initial in the box

I understand that South Minneapolis Meals on Wheels will use the information provided to do a background check, driver's license check, and insurance verification.

HIPAA AND PRIVACY

The HIPAA privacy rule is a federal regulation enacted to ensure that personal medical information (also called Protected Health Information) is kept private. SMMOW, including its volunteers, is subject to HIPAA. Providing clients with quality service for maintaining good health includes protecting their private information.

- **Private Information.** To ensure that our clients can trust that their health information and other personal information will remain private, SMMOW takes an expansive view of what should be protected. Accordingly, SMMOW chooses to protect any personal information relating to a client, including the client's name, address, phone number, health information, and healthcare status. For example, the fact that an identifiable client is hospitalized is private.
- **Implementation.** Staff and volunteers must not access personal client information or share such information with others, including other volunteers, except to the extent necessary or helpful to accomplish the purposes of Meals on Wheels.

Please initial in the box

I understand and acknowledge that it is important to keep personal client information private and agree to do so.

LIABILITY RELEASE AND ASSUMPTION OF RISK

Please initial in the box

I understand and acknowledge that some of the activities performed by volunteers of SMMOW involve a risk of injury, including the inherent risks associated with driving a car and delivering meals to client residences. As a volunteer, I hereby expressly assume the risks of my volunteer service with SMMOW and related activities and release SMMOW, its successors and representatives from any and all claims that may arise therefrom.

CERTIFICATION, ACKNOWLEDGEMENT, AGREEMENT, and RELEASE

By signing below, I certify that the information I have provided in this registration is complete, accurate, and up-to-date. I acknowledge, agree and release as stated above in this form. I understand that SMMOW may decline my volunteered services at any time for any reason or no reason.

Signature

Date

Please return completed form to:

South Minneapolis Meals on Wheels
PO Box 17210
Minneapolis, MN 55417
CONFIDENTIAL Attn. Tom Overton,
Emeritus Board Chair

South Minneapolis Meals on Wheels is an Equal Opportunity Employer and does not discriminate based on any status legally protected under federal, state, or local law.