



# Detroit Area Agency on Aging Holiday Meals on Wheels Volunteer Application

All meal delivery volunteers age 18 and older must complete a background check with the Detroit Area Agency on Aging. Meal delivery volunteers are required to submit a release for consumer reports form and provide consent for the national sex offender registry search.

If you have proof of a background check or police clearance completed within the past 3 years from your place of employment or another organization with which you volunteer, you may submit a copy. Please submit all forms via email to: [hmow@daaa1a.org](mailto:hmow@daaa1a.org). If you have any questions please call 313 446-4444 ext. 5605

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name & Telephone Number \_\_\_\_\_

- I understand meals and/or services are being delivered to senior adult, caregivers and disabled persons who are highly susceptible to illness and if I, the volunteer, suspect or have an illness on the day I am scheduled to deliver meals, I will not deliver and call 313 446-4444 ext 5605.
- I have been practicing social distancing.
- I have not had any recent domestic or international travel within 14 days.
- I have a temperature less than 100.4

### Volunteer Opportunities (select all you have interest)

- Meal Delivery-Thanksgiving Day Thursday, November 26, 2020 beginning at 8am
- Meal Delivery-Christmas Day Friday, December 25, 2020 beginning at 8am

I will complete the consent form for consumer report and the national sex offender registry.

I will submit a copy of a background check or police clearance that is no older than 3 years.

Number of people in your group (see page 2 to list names and information for each): \_\_\_\_\_

If you are with an organization, please list the organization:

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Provide the names, ages, interests and contact information of the individuals in your group delivering holiday meals. **Any individual who is 18 years or over and who will be in the car and/or delivering meals must have a background check on file.**

**Volunteer 2**

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_

Phone: \_\_\_\_\_  Over 18?

Birthdate: \_\_\_\_\_

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

- Meal Delivery Volunteer**
  - Submitting DAAA Background Check
  - Submitting Other Background Check (no older than 3 years)

**Volunteer 3**

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_

Phone: \_\_\_\_\_  Over 18?

Birthdate: \_\_\_\_\_

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

- Meal Delivery Volunteer**
  - Submitting DAAA Background Check
  - Submitting Other Background Check (no older than 3 years)

**Volunteer 4**

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_

Telephone: \_\_\_\_\_  Over 18?

Birthdate: \_\_\_\_\_

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

- Meal Delivery Volunteer**
  - Submitting DAAA Background Check
  - Submitting Other Background Check (no older than 3 years)

**Volunteer 5**

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_

Telephone: \_\_\_\_\_  Over 18?

Birthdate: \_\_\_\_\_

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

- Meal Delivery Volunteer**
  - Submitting DAAA Background Check
  - Submitting Other Background Check (no older than 3 years)

**For more information, to check status of background check or to have a Consent form mailed or emailed to you, contact Gilberto Lopez at (313) 446-4444.**

Created 10/13/2020

**YOU AND/OR YOUR GROUP ARE DELIVERING MEALS Please read and complete this form. Be sure to complete the entire form. Each individual age 18 and older must submit a completed form.**

**Notice to Applicant Regarding Background Check**

In order to safeguard those we serve, the Detroit Area Agency on Aging will acquire consumer reports on you. The Detroit Area Agency on Aging may obtain additional consumer reports at any time during your service as a Detroit Area Agency on Aging volunteer in order to evaluate your continued suitability for volunteer service. The Detroit Area Agency on Aging has contracted with the **Michigan State Police** and will use their **iChat database** to obtain the consumer reports. The **Michigan State Police** may be contacted by mail at **Michigan State Police, Criminal Justice Information Center, Attn: ICHAT, P.O. Box 3063, Lansing, MI, 48909**. The types of information that may be obtained include, but are not limited to state police records. The consumer reports will not include credit record checks. Also, a search on the National Sex Offender Registry: <http://www.nsopw.gov> is conducted.

The nature and scope of consumer reports are described above. Nonetheless, you are entitled to request a complete and accurate disclosure of the nature and scope of such reports by submitting a written request to the Michigan State Police at the address listed above.

**Applicant's Acknowledgement and Authorization**

I have carefully read this notice and authorization form and I hereby authorize the Detroit Area Agency on Aging to acquire a consumer report, which as described above will include information relating to my criminal history as received from reporting agencies. I understand that this information will be used to determine my eligibility to volunteer with programs at the Detroit Area Agency on Aging. I also understand that as long as I continue to volunteer with the Detroit Area Agency on Aging, my consumer reports and national sex offender registry search may be procured at any time and will be procured at least every 3 years. I understand that if the Detroit Area Agency on Aging chooses not to accept my application or must revoke my participation, I will receive a summary of my rights under the Fair Credit Reporting Act and contact information for the Michigan State Police from whom my records came. I agree that a facsimile (fax), electronic or photographic copy of this authorization shall be as valid as the original.

I hereby authorize without reservation, any party or agency contracted by this agency to furnish the above mentioned information.

**Please Print**

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_ **Last Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_, **City:** \_\_\_\_\_, **State:** \_\_\_\_\_, **Zip Code:** \_\_\_\_\_

**County:** \_\_\_\_\_, **Phone Number:** \_\_\_\_\_, **Email** \_\_\_\_\_

For identification purposes: (as required by the state of Michigan)

**Date of Birth:** Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_ **Gender:** \_\_\_\_\_

**Race (Please circle one):** African American, American Indian/Alaskan Native, Asian, White, Unknown/Other

**Other former names (first and last):** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

REV 10/14/2020