



SUNSHINE HOUSE INC.
402 E Holland, Alpine, TX
432-837-5402 79830

Volunteer Information Form

Please complete this form, sign, and return it to Sunshine House, Inc.

All information on this form is confidential

Full Name: _____
Last First Middle (Maiden)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Cell: _____ Work: _____

Email address: _____ Birthday: _____

Driver's License # _____ Last 4 digits of Social Security #: _____
(Please provide a copy)

With a group: Yes No If yes which group _____

In Case of Emergency, please contact:

Name: _____ Relation: _____

Phone # _____ Cell #: _____

Please Read and Initial Each Item:

_____ I understand that I must have automobile liability insurance equal to the minimum limits required by Texas on all vehicles I use to deliver meals.

_____ I understand that Sunshine House does not have accident insurance coverage to provide protection from damages because of illness or injury related to my volunteer work for the organization. This includes all activities including delivering meals to client's homes.

_____ I agree to respect the confidential nature of my personal contacts with clients, by not discussing or divulging client's full names, addresses, telephone numbers, age, financial status or other personal information.

Please Read and Initial Each Item: (continued)

_____ I agree to respect the rights and privacy of clients. I will not offer medical advice. I will never solicit clients for personal or business purposes.

_____ I received personal training and I will be responsible for following all instructions.

Back Ground Check Required by State:

A background check will be conducted as part of the Meal on Wheels (MOW) and Sunshine House, Inc. volunteer registration and/or employee hiring process, prior to contact with clients or client information. A criminal history record will be obtained from the Department of Public Safety. The Health and Human Services Commission (HHSC) Employee Misconduct Registry and the Nurse Aide Registry will also be checked.

I understand that any change in the status of my criminal history, Health and Human Services Employee Misconduct Registry or Nurse Aid Registry must be reported to the Sunshine House Volunteer Coordinator.

I understand that Sunshine House reserves the right to reject a potential or active volunteer for any reason that the agency, in its sole judgment, determines will or may affect either the best interest of the individual or of Sunshine House.

I give Sunshine House permission to conduct the background checks as listed above:

Signed _____ Date _____

I certify that this information is true and accurate to the best of my knowledge, and I release and hold harmless Sunshine House, Inc. for any inaccuracy or misrepresentation.

Volunteer Signature _____
Date

Office Use Only:	
_____ DPS Background Check	_____ EMR/NAR Report
Pulled by: _____	Date: _____
_____ MOW Volunteer Training Information Form Signed	
_____ Confidentiality Policy Signed	
_____ Elder Abuse, Neglect & Exploitation Signed	
Date Approved as Volunteer: _____	
Program Coordinator: _____	Date: _____
Date of First Delivery: _____	