



Office Use Only

MVR: _____

EList: _____

RDex: _____

Excel: _____

VOLUNTEER APPLICATION

NAME: _____

(Please print)

ADDRESS: _____

CITY: _____ STATE: IL ZIP CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

Are you volunteering as part of your church/synagogue? _____ If so, name of church/synagogue _____

I wish to volunteer for:

- Home Delivered Meal Program
- Other projects/Office

AUTOMOBILE WAIVER

As a volunteer for Wheeling Township, you are responsible for providing liability and physical damage insurance coverage on your personal vehicle.

I, the undersigned, purchase liability and physical damage insurance on my vehicle and understand that I may be asked to provide proof of insurance to the Township.

I am aware that consumer and motor vehicle reports may be obtained as part of Wheeling Township's evaluation of my volunteer application and/or employment. The reports may be procured by Wheeling Township or its insurance company representative(s) and may include personal information obtained from the state motor vehicle departments, my driving record, and an assessment of my insurability for the insurance program.

By signing this letter, I hereby provide my authorization for Wheeling Township or their insurance company representative(s) to procure such information and reports, as well as additional reports about me from time-to-time (if I should wish to change from one volunteer program to another) to evaluate my insurability or for other permissible purposes.

Volunteer Signature

Date

Name as it appears on Driver's License

Driver's License Number

State of Issuance

Date of Birth