

At-risk/homebound shopping program volunteer application

Name: _____

Date of Birth: _____

Address: _____

City/State: _____

Telephone #: _____

Vehicle License #: _____

Vehicle Make/Year: _____

Vehicle Model: _____

Vehicle Color: _____

Please attach a copy of your driver's license with this application.

I hereby authorize a background check to be performed in regard to this application to include but not limited to a criminal history record check, driver's license check and other sources as deemed appropriate. In addition, I understand that I am a volunteer and am not an employee or representative of any government entity or office at any level in any way, shape or form and furthermore I, myself, my heirs and anyone else representing my interests now or in the future, hereby absolve and discharge any and all persons, government offices or their representatives personally or professionally of any damages or liability as a result of my volunteer services in this matter.

Signature _____

Please email the application, along with a copy of your driver's license to

vec@emmetcountytia.com or send to

Emmet County Public Health

508 S 1st Street

Estherville, IA 51334