



Neighborhood Service Organization
Celebrating 60 Years of Service and Impact

Volunteers Needed for Labor Day Senior Meal Delivery

Neighborhood Service Organization (NSO) in partnership with Detroit Area Agency on Aging (DAAA) will be delivering 140 meals to seniors in North Detroit on Labor Day morning. We are in need of 28 volunteers to deliver these meals to homebound seniors. Meal delivery to the 140 seniors will be split up into 14 routes with 10 seniors per route. Each route takes approximately one hour. We recommend that volunteers deliver in pairs with one person driving and the other person delivering the meal to the clients' doors. If you like, volunteer teams can request to deliver more than one route when they RSVP to volunteer. DAAA will provide turn-by-turn directions for each route. NSO volunteers will pick up their routes and meals from the NSO Bell Building located at 882 Oakman Blvd, Detroit, 48238.

Happy Labor Day!



Below are the activity details:

- **Date:** Labor Day—Monday, September 7, 2015
- **Time:** 8:30 am (approximately 1 hour to complete a route)
- **Meal & Route Pick-up Location:** NSO Bell Building - 882 Oakman Blvd., Detroit 48238 - (Staff & Visitor Parking Lot)
- **Vehicles/Volunteers Needed:** 14 vehicles and 28 volunteers (2 volunteers per vehicle)
- **Total Routes/Clients:** 14 routes (10 clients per route) for a total of 140 clients
- **Delivery Area:** North Detroit
- **RSVP:** **No later than Monday, August 31, 2015** by forwarding your completed Meals on Wheels Volunteer Activity Form to Denise Figurski at dfigurski@nso-mi.org or 313-883-6206 (fax)

Your Holiday Meals on Wheels Volunteer Activity Forms are attached to this information flyer. Please return them promptly.

Neighborhood Service Organization

NSO Central Office

882 Oakman Blvd., Suite C

Detroit, MI 48238

(313) 961-4890 • (313) 883-6202 fax

www.nso-mi.org

NSO Corporate Affairs

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Volunteer Activity Form

(Please Print Clearly)

Volunteer Opportunity: _____

Volunteering Location: _____

Address: _____

Date Volunteering: ____/____/____ Time Volunteering: ____ to ____

☐ Mr. ☐ Mrs. ☐ Ms. First: _____ Last: _____

Address: (☐ Home ☐ Business) _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Are you volunteering as a member of a group? Yes ☐ No ☐ Group Name: _____

Are you 18 years of age or older? Yes ☐ No ☐ - If under 18, your age at time of volunteering: _____

In case of emergency, contact:

Name: _____ Relationship: _____

Home Phone: (____) _____ Cell Phone: (____) _____

In exchange for permission to participate as a volunteer for Neighborhood Service Organization, I hereby voluntarily enter into the following release and waiver of liability, assumption of risk and indemnity agreement.

I, for myself, my heirs, spouse, executors, administrators, personal representatives and assignees, waive, release, discharge, indemnify, hold harmless and agree not to sue Neighborhood Service Organization, their officers, directors, shareholders, employees, agents, landlords, lessees, sponsors, representatives, and volunteers (hereafter the "Released Parties") from, any and all liability, responsibility, damages, losses, claims, demands, actions, suits, judgments, costs and expenses (including attorney's fees) resulting from personal injury, accidents, illnesses, death and/or property loss caused in any manner, including theft, fire and the simple active or passive negligence of the Released Parties, by my participation as a volunteer for Neighborhood Service Organization. I give my consent for Neighborhood Service Organization to use my name, likeness, voice or biographical information and any photos, recordings, or videotapes taken or any publicity including me at the event/activity.

I have read this release.

X

Signature

Date

X

Parent of Legal Guardian if under 18 years of age

Date

Please return your completed Volunteer Form to Denise Figurski, Special Events & Volunteer Manager
NSO Corporate Affairs • 882 Oakman Blvd., Suite C • Detroit, MI 48238 or dfigurski@nso-mi.org

RELEASE FORM FOR CONSUMER REPORTS

Neighborhood Service Organization
NSO Corporate Office
882 Oakman Blvd., Suite C • Detroit, MI 48238
(313) 961-4890 • (313) 883-6206 (fax)

NSO Corporate Affairs
882 Oakman Blvd., Suite C • Detroit, MI 48238
(313) 961-4890, ext. 1069 • (313) 883-6206 (fax)

www.nso-mi.org

Updated: 1-9-14



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RELEASE FORM FOR CONSUMER REPORTS

Neighborhood Service Organization (NSO) serves vulnerable and at risk populations. Therefore, volunteers who participate in NSO activities and events in which they come into contact with NSO clients must have a background check to ensure the safety of the precious population we serve.

Please read and complete the front and back of this form (be sure to complete each section entirely. Each individual age 18 and older must have his or her own form) and return our Volunteer Manager, Denise Figurski, at dfigurski@nso-mi.org or 882 Oakman Blvd., Suite C – Detroit, MI 48238

I understand investigative consumer reports are required in connection with potential volunteering with the Agency, or to continue to volunteer with NSO. These reports may contain public record information, which may be requested or made on me including criminal records, driving record, and education. Further I understand that NSO will be requesting information from various Federal, State, local and other agencies which contain my past activities.

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

Upon proper identification, the Agency has the right to make a request for the State Police records of my Criminal Background Check for the information in its files on me at the time of my request.

I further authorize ongoing procurement of the above mentioned reports at any time during my volunteerism.

Please Print

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Phone Number: _____ **Email Address:** _____

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

Date of Birth: Month _____ Day _____ Year _____ **Gender:** _____

Race (Check one): ☐ African American ☐ White ☐ Hispanic ☐ Asian
☐ Native American/Alaskan Native ☐ Unknown/Other

Other former/maiden names (first and last): _____

Signature _____ **Date** _____

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