

Meals on Wheels



Volunteer *Application* Form

Date _____

Name _____
Last First Middle

Street Address _____ Phone No. Home _____

Zip Code _____ Cell _____

E-mail address _____

**Coordinator
Information:**

Start Date:

Are you 18 years or older? _____ Yes _____ No

Employed or Retired? _____

Employer (current or previous) _____

If you are currently employed, do you want us to notify your employer about your volunteer activities with Senior Services? Yes ___ No ___ If "yes", please provide the name and address of the person Senior Services should contact: _____

Previous Volunteer Experience

What experience do you have working with older adults? _____

What experience do you hope to gain from volunteering for Meals on Wheels? _____

What days/weeks/months are you available to deliver meals? _____

Do you have a current driver's license? ___ Yes ___ No

Do you have car insurance? ___ Yes ___ No

List two references (not relatives):

Name _____ Phone No. _____

Name _____ Phone No. _____

In case of an emergency, call _____

FOR SCHOOL COMMUNITY SERVICE:

School _____ # of hours needed _____

FOR COURT DIRECTED COMMUNITY SERVICE:

Court Officer _____ Phone # _____

Date verified _____ Offense _____ # of hours needed _____

Please read the following carefully before signing this application:

The information that I have provided is true and accurate and, if I am accepted as a volunteer, I agree to update the information as necessary. I understand that some volunteer positions may require a background check to be conducted and I agree to cooperate with Senior Services and provide any necessary information. I understand that my volunteer position may end by my choice or by the decision of Senior Services.

Volunteer Signature: _____ Date: _____