

COOTAMUNDRA MEALS ON WHEELS

VOLUNTEER REGISTRATION FORM

SURNAME : ..... FIRST NAME: .....

ADDRESS: .....

PHONE NO: ..... MOBILE NO : .....

E-MAIL ADDRESS: .....

DRIVERS LICENCE NO: .....

CAR REGISTRATION NO: .....

INSURANCE POLICY NO: .....

INSURANCE COMPANY: .....

I WOULD LIKE TO RECEIVE MY ROSTER / NEWSLETTER VIA POST ☐ E-MAIL ☐

CONTACT PERSON IN CASE OF EMERGENCY

SURNAME: ..... FIRST NAME: .....

ADDRESS: .....

PHONE NO: ..... MOBILE NO: .....

HOW OFTEN ARE YOU AVAILABLE: .....

.....  
PREFERED DAY FOR DELIVERY:

.....  
NAME OF PREFERED MEALS ON WHEELS PARTNER:

.....

VACCINATION DATES: 1<sup>ST</sup> DOSE: ..... 2<sup>ND</sup> DOSE: ..... BOOSTER: .....

**PTO**

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*I agree to abide by the conditions outlined in the information package. I also agree to a Police check upon commencement and at 3 yearly intervals.  
I agree to work within the guidelines of the Policies & Procedures and the Code of Conduct of the Cootamundra Meals on Wheels Service Inc.*

*Signature.....*

*Date.....*

*This information is strictly confidential.*

*Please return these forms to:*

*Cootamundra Meals on Wheels Service Inc*

*P.O Box 347*

*Cootamundra NSW 2590*

*PH/ Fax: (02) 6942 4695*

*Email: ctamow@bigpond.com*

*Or you can drop them into our office at 262B Parker St to:*

*Kerry Kostrubic (Coordinator)*