

# Meals on Wheels Volunteer Information

PLEASE PRINT

Are you volunteering as:  
\_\_\_\_\_ Corporation/business/organization/church/school

With \_\_\_\_\_

\_\_\_\_\_ Individual

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
(Where you can be reached 8-4 Mon-Fri)

Cell Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Driver's License number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Spouse: \_\_\_\_\_  
(Month/Day)

Emergency contact person: \_\_\_\_\_

Their phone  
number: \_\_\_\_\_

Volunteer's Employer/Retired from: \_\_\_\_\_  
Does your employer have a matching program? \_\_\_\_\_ Yes \_\_\_\_\_ No

I would like to help with:

_____ Meal Delivery	_____ Substitute Driver
_____ Care Caller	_____ Office volunteer
_____ Friendship Meals	_____ Special Events

Are you available as a substitute driver, if needed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please check all that apply as to when you can substitute.

\_\_\_\_\_ Weekdays  
\_\_\_\_\_ Other \_\_\_\_\_

If you can substitute, how much advanced notice do you need?  
\_\_\_\_\_ Morning of  
\_\_\_\_\_ One day's notice  
\_\_\_\_\_ More than one day's notice

If you deliver with a partner please list their:

Name \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you find out about our Meals on Wheels volunteer opportunities?

Media       Church bulletin       Corporate  
 Individual (Name: \_\_\_\_\_)  
 Other: \_\_\_\_\_

Have you ever been convicted of a felony?     Yes      ,     No

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For office use only:

Start date: \_\_\_\_\_  
Delivery days: \_\_\_\_\_  
Route: \_\_\_\_\_

Thank you, thank you, thank you for helping Meals on Wheels!