



MEALS ON WHEELS PORT COLBORNE INC.

953 Elm Street
Port Colborne, ON L3K 4R8

Phone: 905-835-1581
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Email: portmow@outlook.com

Volunteer Information Sheet

Name:

_____ (Last Name) _____ (First Name)

Address:

_____ **Postal Code:** _____

Phone:

DOB:

_____ (Optional: for statistical purposes only)

Email Address:

Emergency Contact:

_____ (Name) _____ (Phone)

Medical Problems We Should Be Aware Of:

(e.g. severe bee sting allergy, diabetic)

Physician:

Volunteer Positions You Are Interested In:

Driver _____ **Driver's helper** _____

If You Have Chosen To Be A Driver We Require :

PROOF OF VALID VEHICLE INSURANCE (Company Name, Policy # & Expiry Date)

Driver's Licence # :

References (2) :

Availability:

Would Prefer A Regularly Scheduled Position _____

Would Like To Be "On Call" As A Spare _____

THANK YOU!