MEALS ON WHEELS, PORT COLBORNE, INC.
260 Sugarloaf Street, Main Floor East, Room 11, Phone: (905) 835-1581
Port Colborne, ON L3K 2N7 Fax: (905) 835-8708
E-mail: pcmow@inter-pc.com

VOLUNTEER INFORMATION SHEET

NAME

_____

(LAST NAME) (FIRST NAME)

ADDRESS _____

_____ POSTAL CODE _____

PHONE _____ DATE OF BIRTH _____
(Optional – for statistical purposes only)

EMAIL ADDRESS: _____

EMERGENCY CONTACT (name & phone) : _____

MEDICAL PROBLEMS YOU FEEL WE SHOULD BE AWARE OF:

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

PHYSICIAN: _____

VOLUNTEER POSITIONS YOU ARE INTERESTED IN:

_____ DRIVER _____ DRIVER'S HELPER

_____ KITCHEN HELPER _____ BOARD MEMBER

IF YOU HAVE CHOOSEN TO BECOME A VOLUNTEER DRIVER WE REQUIRE:

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

_____

DRIVER'S LICENCE # _____

REFERENCES (2): _____

_____

AVALIBILITY:

_____ WOULD PREFER A REGULARLY SCHEUELED POSITION

_____ WOULD LIKE TO BE "ON CALL" AS A SPARE