

Please complete and return to:



Meals on Wheels in Hunterdon, Inc.

5 Walter Foran Blvd-Suite #2006

Flemington, NJ 08822

Phone: 908-284-0735 Fax: 908-284-0708

info@mowih.org

www.mowih.org

VOLUNTEER RECORD

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

PHONE: _____ CELL: _____

BIRTHDAY: MONTH _____ DAY _____ YEAR _____

DRIVERS LICENSE NUMBER: (need a copy) _____

AUTO INSURANCE POLICY NAME and NUMBER: (need a copy) _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

PHONE: _____ CELL: _____

PLEASE INDICATE VOLUNTEER OPPORTUNITY: DRIVER: _____ SITE: _____

Have you ever been convicted of a criminal offense (felony or misdemeanor): _____ Yes _____ No

Please explain: _____

WHEN ARE YOU AVAILABLE TO VOLUNTEER? (Please specify days and times.)

IF YOU ARE INTERESTED IN BEING A VOLUNTEER DRIVER, WHERE ARE YOU WILLING TO DRIVE IN HUNTERDON COUNTY?

HOW LONG DO YOU PLAN ON VOLUNTEERING?

Permanent Substitute Temporary Other (please specify): _____

Please list two references (other than family members):

1) Name: _____

Address: _____

Phone: _____

E-mail (preferred method of contact): _____

2) Name: _____

Address: _____

Phone: _____

E-mail (preferred method of contact): _____