



Volunteer Application

Name:			
Address:			Zip:
Phone:		Email:	
Which area are you interested in volunteering? (Please check areas)		<input type="checkbox"/> Kitchen <input type="checkbox"/> Store <input type="checkbox"/> Meal Delivery <input type="checkbox"/> Fundraising	
Days Available (<i>circle days available</i>)		M T W TH F SAT	
If Meals Delivery, are you available to Sub if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much notice do you require?	
Please list any applicable experience you may have.			
Driver License#:			
Expiration Date:		Birthdate:	
Social Security Number:			

NOTICE: Meals on Wheels of Charlotte County requires a criminal background check for all individuals who wish to volunteer with our organization. If you are a student and participating in Bright Futures or an individual ordered to complete community service hours as part of a court order, please speak with the program manager to discuss which area will best suited for your needs.

As a volunteer of our organization, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature

Date