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**VOLUNTEER APPLICATION FOR GRAFTON MEALS ON WHEELS.**

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

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

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**As a volunteer a Police check is mandatory:**

**Police check No:** (if available) \_\_\_\_\_

**Date of birth for Police Check application** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Preference for Kitchen Assistance (8.30-11.30 am) or Delivery (10.20 am – 12.15pm)**

**Availability: Days/ Frequency** (eg Tuesdays once a month):

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**Driver's licence No:** \_\_\_\_\_ **Expiry date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

As a volunteer for Meals on Wheels I understand & agree to:

- Follow **Work Health & Safety guidelines** as instructed by MOW staff
- **Wear covered shoes at all times** while volunteering for MOW as part of Volunteer insurance requirements
- Have a **current Driver's licence** if I wish to be a delivery driver
- Adhere to & respect the **privacy of all clients, staff & volunteers**. Client information **MUST NOT** be discussed other than confidentially with relevant staff if there are concerns
- MOW respect & **thank you for volunteering at MOW** & understand that you may not always be available. Please inform staff in a timely manner if you are unable to complete any rostered time

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_