



# Meals on Wheels™ Grafton

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PO Box 208  
Grafton NSW 2460  
Ph (02) 6642 3879  
Email: [mowgraf@westnet.com.au](mailto:mowgraf@westnet.com.au)

I \_\_\_\_\_

Wish to be a Grafton District Meals on Wheels Volunteer

I understand that being a Volunteer I must follow the rulings of WH&S (Workplace Health and Safety), this includes covered shoes.

I understand that client information or information of a sensitive nature is confidential and must **NOT** be discussed with anyone other than staff should the need arise.

If I am to be a driver I must have a current drivers Licence.

I have read the volunteer handbook and understand it & agree to follow these procedures.

Phone Number \_\_\_\_\_.

Drivers Licence Number \_\_\_\_\_ Expires: \_\_\_\_\_.

Emergency Contact: \_\_\_\_\_.

Emergency Contact Number: \_\_\_\_\_.

Email: \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

Days available: \_\_\_\_\_.

Please note Kitchen shifts begin at 8.30am and delivery shifts begin at 10am.

I am available to be called at short notice – YES / NO \_\_\_\_\_.

Police checks are mandatory and we can organise them on your behalf, please see office staff for details.

If you wish to have a copy of this form, please inform staff when you sign.

Thank you for Volunteering at Meals on Wheels