

MEALS ON WHEELS

Volunteer Application Form

Name

Email address

Home address

Primary phone number

Secondary phone number

Emergency Contact:

Name

Phone number

Type of role(s) preferred:

☐

Driver

☐

Helper

☐

Both

Availability:

☐

One time per month

☐

Two times per month

☐

3 or more times per month

☐

Occasional (spare, on-call)

Days available to volunteer: (select all that apply)

☐

Monday

☐

Tuesday

☐

Wednesday

☐

Thursday

☐

Friday

☐

All of the above

Are you aware of any changes to your availability in the next year? (Away for the winter, planned vacations, etc.)

Spoken language(s):

Age Category (optional)

- ☐ **18 - 30**
- ☐ **31 - 40**
- ☐ **41 – 55**
- ☐ **56-70**
- ☐ **71-80**
- ☐ **80+**

Do you have past volunteer experience? If so, what were your duties?

Please provide 2 references

Reference #1

Name

Phone number

Relationship

Reference #2

Name

Phone number

Relationship

Meals on Wheels requires all potential volunteers to obtain a police records check and vulnerable sector screen. All associated costs will be reimbursed. All information obtained will be kept confidential.

Do you agree to this procedure?

How did you hear about Meals on Wheels?