



MEALS ON WHEELS AND MORE VOLUNTEER APPLICATION

Date of Application: _____
Interviewed by: _____

NAME: _____

ADDRESS: _____
(Street) (Apartment #)

(City) (Postal Code)

PHONE: _____
(home) (cell)

EMAIL ADDRESS: _____

OCCUPATION: _____

EMPLOYMENT: _____
(place of employment) (phone)

STUDENT: _____
(Name of school) (Program/Grade)

PAST VOLUNTEER EXPERIENCE: _____

LANGUAGES SPOKEN: _____

AVAILABILITY – PLEASE NOTE A MINIMUM OF 3 MONTHS IS REQUIRED.

Convenient days of week: Mon Tue Wed Thu Fri Sat Sun

Number of hours per week: 2 4 6 more than 6 hours a week

How long do you expect to volunteer with us? 3 months 6 months 1 year

How did you hear about Meals on Wheels & More? (maximum 200 characters)

Area(s) of interest:

Meals on Wheels Driver	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, do you have a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a valid driver's licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meals on Wheels Runner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Office Help	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meal Services Helper	<input type="checkbox"/> Yes	<input type="checkbox"/> No

REFERENCE: (ie. Employer, co-worker, clergy, counsellor, teacher or volunteer co-ordinator from another agency)

1. Name: _____ Phone: _____
Email: _____

Relationship to you: _____
Occupation: _____

2. Name: _____ Phone: _____
Email: _____

Relationship to you: _____
Occupation: _____

EMERGENCY CONTACT: _____
(name)

(phone) (relationship)

The information collected on this volunteer application is for administrative purposes only. Meals on Wheels and More respects your privacy as a volunteer, and will make every effort to keep your information confidential. Your information will not be shared with any other agency, or persons without your consent.

I read and understand the above statement.

Volunteer Signature

Date

(For Office Use Only)

Date of Interview: _____ Comments: _____

Reference checked on: _____ Comments: _____

Date of resignation: _____ Reason: _____

Code of Conduct: _____ Training presentation _____

Handbook _____ Auto insurance policy expiry date: _____