

# MEALS ON WHEELS OF ROWAN, INC.

## Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Church affiliation: \_\_\_\_\_

How did you hear about Meals on Wheels? \_\_\_\_\_

\_\_\_\_\_

Previous Volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Volunteer Opportunities:

Driving route and delivering meals directly to clients

Meal courier (Picks up meals and delivers meals to designated site for delivery by other volunteers.)

Availability: a) Days of week: \_\_\_\_\_

b) Times per week/month: \_\_\_\_\_

Are there any certain days you are not available? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Interests & Hobbies: \_\_\_\_\_

\_\_\_\_\_

I understand that all volunteers are subject to background checks and I hereby grant Meals on Wheels of Rowan, Inc. permission to conduct such checks as they deem necessary.

Signature: \_\_\_\_\_

Birth Date: \_\_\_\_\_