



Volunteer Application

Name: _____

Address: _____

City, ST, Zip: _____

Daytime Phone: _____ Cell Phone: _____

Education: _____

Race: _____ Gender: _____ DOB: _____

Email: _____

Drivers License #: _____ DL Exp: _____

Make of car: _____ Insurance Company: _____

Insurance Policy #: _____

In Case of Emergency, Notify:

Name: _____ Relationship: _____

Phone: _____

Dates available for volunteering, please circle all that apply.

Monday Tuesday Wednesday Thursday Friday

Volunteer Opportunities, please check all that apply

- ◇ Meal Packaging
- ◇ Meal Delivery
- ◇ Event Worker
- ◇ Greeter
- ◇ Clerk
- ◇ General Office/Clerical Work

How did you find out about our program? (church bulletin, TV, newspaper, friend)

Do you have a religious affiliation? Y / N Do you attend services locally? Y/ N If so, where? _____

Are you currently employed? Y /N If so, where? _____

I have read and understand the job descriptions for which I am volunteering. I also understand that a background check may be required as a volunteer for Meals on Wheels—Anderson.

Please sign _____ Date: _____