



Volunteer Application

Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____ / _____

Education: _____

Race: _____ Gender: _____ DOB: _____

Email: _____

Drivers License #: _____ DL Exp: _____

Make of car: _____ Insurance Company: _____

Veteran: Y N

Marital Status: Married Single Widowed Divorced

In Case of Emergency:

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

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

Are you a part of a local civic club, church, or other community organization that we could come speak to about Meals on Wheels – Anderson?

Are you currently employed? Yes No

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: _____