



OFFICE USE ONLY:
Training date _____
Entered in db _____

Meals on Wheels Volunteer Application

Date: _____

Name: _____
Last First Middle Initial

Address City State Zip Code Township

Preferred Contact number: _____ Home Work Mobile

Alternate Contact number: _____ Home Work Mobile

E-mail: _____ D.O.B. _____

Is email checked? Weekly Bi-weekly Monthly

Have you ever been convicted or pleaded guilty to a crime or misdemeanor? Yes No

If yes, please explain below or back of this sheet. (Such acts are not an absolute bar to volunteering, but will only be considered in relation to specific assignments.)

Do you have any unresolved criminal or misdemeanor actions now pending against you? If yes, please explain. Yes No

Any previous volunteer experience? If yes, what? Yes No

Areas of Interest: Delivering Meals Clerical Board Committee

Are you able to: Walk Drive Lift meal containers

Availability: Monday Tuesday Wednesday Thursday Friday
Weekly Biweekly Monthly Fill-In/Sub as needed

Delivery Routes Interested in: Greenfield New Palestine South
Cumberland Fortville McCordsville Shirley Wilkinson

Do you have a valid driver's license? Yes No (please submit a copy of your license)

Do you have automobile insurance? Yes No (please submit a copy of your insurance card)

Company? _____ Policy Number# _____

In case of emergency, contact: _____
Name Telephone Number

References

List three references who are not relatives:

Name	Telephone Number
Name	Telephone Number
Name	Telephone Number

How did you hear about volunteering for Meals on Wheels of Hancock County?

Are you volunteering as a part of an organization, business, group or church? If so, please write the name.

I agree to serve as a volunteer and commit to the following:

1. To perform my duties to the best of my ability.
2. To adhere to the rules and procedures of Meals on Wheels of Hancock County and those written or unwritten guidelines regarding the confidentiality of the client and Meals on Wheels information.

I hereby certify that all information contained in this application is true and correct to the best of my knowledge.

I authorize the investigation of all statements contained in this application as may be necessary in arriving at a volunteer assignment decision, including reference checks and a criminal history background check.

I understand that, in the event of being accepted as volunteer, false and misleading information given through my application or interview(s) may result in discharge.

Applicant's signature

Date