

Meals On Wheels Of New Castle, Inc. Volunteer Application

Your Information:

Name			
Email			
Address			
Home Phone		Cell Phone	
DOB		SSN	
DL #		Insurance provider	

Note: You are required to provide a copy of your driver's license, information about auto insurance and your social security number so MOW can complete a background check

I am currently employed	Yes	No
I am retired	Yes	No
I am interested in volunteering in the office	Yes	No
I am interested in volunteering as a driver and using my car to deliver meals	Yes	No
I am interested in volunteering as a runner, and take meals from the car to the client's door	Yes	No
I prefer to volunteer with a partner	Yes	No
I prefer to volunteer on my own	Yes	No
I can volunteer on a weekly, regular schedule	Yes	No
I can volunteer on an as-needed basis / substitute	Yes	No
I can volunteer but I have other commitments to work around	Yes	No

I am usually available on the following days:

Monday	Tuesday	Wednesday	Thursday	Friday
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List other considerations regarding your availability: _____

Do you have any health concerns that may affect you while volunteering and what are they? _____

Why do you want to volunteer with Meals on Wheels? _____

Is there any other information you would like to share? _____

Please provide a contact person in case of emergency:

Name		Relationship	
Phone			

Name		Relationship	
Phone			

Please return this completed form to:

Meals on Wheels
P.O. Box 5122
New Castle, PA 16105
724-654-6155