

VOLUNTEER APPLICATION

** Indicates Response Required*

*** Date (mm/dd/yyyy)**

*** Name** *** Phone**

*** Address** *** City** *** State** *** Zip**

*** Age** Under 18 18-60 Over 60

*** Career Experience**

*** Volunteer Experience**

*** How did you learn about Meals on Wheels?**

*** I am interested in helping as: (Please check your choice)**

Food Packer: 7:30 - 11:00 am

Driver: 10:30 am - 12:30 pm **

Typing/office: 7 am - 10:30 pm

Friendly Visitor: 10:30 am - 12:30 pm

Development Office: Computer input, filing, bulk mailing, etc. 10 am - 2 pm

*** Many volunteers prefer to work on a regular schedule. When can you help? Please check day or days available**

Monday

Tuesday

Wednesday

Thursday

Friday

Please check day(s) available to substitute

*** We need ON-CALL volunteers, may we call you to be a substitute?**

Yes No

Monday

Tuesday

Wednesday

Thursday

Friday

*** I prefer to work at the location chosen below:**

DOWNTOWN 855 Elm Ave. (562) 432-6215

NORTH L.B. 1115 E. Market (562) 422-2118

NORTH EAST L.B. 5633 E. Wardlow (562) 420-9660

EAST L.B. 217 Termino (562) 433-0232

* In case of emergency notify:

Name **Ph** **Relationship to you**

Address **City** **State** **Zip**

**** Driver Info.**

Insurance Company Name and Address of Insurance Agent

Policy # **Expiration Date (mm/dd/yyyy/**

Telephone