



MEALS ON WHEELS VOLUNTEER APPLICATION
Department of Community Services 300 Bryson Lane 899-3442

NAME _____ SEX _____ BIRTHDATE _____ AGE _____

ADDRESS _____ PHONE _____

VOLUNTEER INTERESTS (CHECK ALL THAT INTEREST YOU)

___ Driver

Do you have a valid driver's license? No Yes Do you have car insurance? No Yes

___ Bradley Bay Kitchen

___ Substitute

_____ Driver

_____ Kitchen

VOLUNTEER AVAILABILITIES: (Circle all applicable)

Monday Tuesday Wednesday Thursday Friday No Preference

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise? Yes No If Yes, Please Explain:

Physical Condition that May Limit Your Activities ? Yes No If Yes, Describe:

IN AN EMERGENCY, NOTIFY:

First Name _____ Last Name _____

Telephone _____

Date _____ Signature _____