



Meals on Wheels of Jefferson County
P.O. Box 565
Charles Town, WV 25414-0565
(304) 725-1601

VOLUNTEER APPLICATION

GENERAL INFORMATION

Name: _____ Date of Birth: _____

Mailing address: _____

Physical address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email address: _____ May we call you at work? Yes No

If you are affiliated with a specific church, which one? _____

How did you hear about volunteer opportunities with Meals on Wheels of Jefferson County?

WORK / VOLUNTEER INFORMATION

Current Employer / School: _____

Work experience: _____

Volunteer Experience: _____

Do you have your own vehicle? Yes No Make / model: _____

Driver's license number / state**: _____ Expiration date: _____

**** PLEASE NOTE: IF YOU ARE VOLUNTEERING TO DRIVE, PLEASE ATTACH A COPY OF YOUR DRIVERS' LICENSE.**

Do you have liability insurance? Yes No (Minimum of \$50,000 required for drivers)

Name of insurance company: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY

Name: _____ Relationship: _____

Address: _____

Home #: _____ Work #: _____ Cell #: _____

I WOULD PREFER TO VOLUNTEER WITH MEALS ON WHEELS OF JEFFERSON COUNTY AS FOLLOWS:

Days and Times: As needed

Specific days and times (please list): _____

Location: As needed

Within a certain locality (please specify): _____

Services – check the specific type(s) of volunteer help you would like to give:

Driver – deliver meals

Visitor - rides with driver to deliver meals

Packer – helps in kitchen to pack meals and clean up

Special events (assisting with community outreach, i.e. health fairs, fundraisers, etc.)

Other skills or assistance not listed about that you would like to offer: _____

REFERENCES

Please list three professional or personal references with complete address / telephone numbers below:

1. Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

2. Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

3. Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Applicant's Signature: _____ **Date:** _____