



Volunteer Application

Personal Information

Name _____ Email _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Other Phone: _____

Are you 18 years old or older? () Yes () No *Volunteers under age 18 years of age must have a parent/guardian complete the consent section of this application.*

In case of emergency, notify _____

Phone _____ Relationship _____

I am interested in () Meals on Wheels Delivery () Meal Packing () Pet Program
() Phone Reassurance Program () Friendly Visitor () Congregate Center Activity
() Administrative () Fundraising/Special Events () Other _____

When can you start? _____ Please indicate times you are available:

Mon: ___ to ___ Tues: ___ to ___ Wed: ___ to ___ Thu: ___ to ___ Fri: ___ to ___

Languages spoken other than English? _____

Are you a Veteran? _____

How did you hear about this program? MOWV Website Facebook News/Radio Station
 Walk In Other _____

Volunteer Interests/Skills

Why do you want to volunteer? _____

What special interests or skills do you have that may help match you with a volunteer position?

Previous volunteer experience/training: _____

Occupation and/or Education

Are you presently employed? Y N If yes, where: _____

Address: _____

Occupation: _____

Circle highest grade completed: 6 7 8 9 10 11 12 College Graduate School

(years or degrees completed) _____

Are you currently a student? Y N

Reference Information

Please provide personal or professional references (not family members) below:

Check one: ___ Personal ___ Professional (teacher or supervisor)

Name _____ Phone _____

Check one: ___ Personal ___ Professional (teacher or supervisor)

Name _____ Phone _____

Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ No

If yes, please explain _____

Volunteer Agreement

I affirm that the information that I provided is true and correct to the best of my knowledge. I understand nothing contained in this application, or the policies and rules governing volunteers, is intended to create a volunteer contract between MOWV and myself for either volunteering or for the providing of any benefit. If a volunteer relationship is established, I understand that I have the right to terminate that relationship at any time, for any reason, and that MOWV retains the same right.

Signature _____ Date _____

Parent / Guardian Consent (for volunteers under age 18)

I give permission for the above applicant to volunteer at MOWV. If you need to reach me, my telephone number is _____

Signature of Parent or Guardian

Volunteers Considering Driving Related Positions

Driver's License # _____ Expiration Date _____ State _____

Have you been Involved in any motor vehicle accidents while driving in the past 3 years? Y N

Do you have any restrictions on your driver's license at present? Y N

Have you been convicted of any moving violations in the past 5 years? Y N

Please explain any yes answers: _____

Your Insurance Company: _____

Please provide MOWV with a copy of your current auto insurance card.

Volunteers Considering Phone Reassurance & Friendly Visitor

Are you willing to use your own phone to call participants? Yes No N/A

Are you willing to visit a client who has pets? Yes No N/A

Are you willing to visit a client who smokes? Yes No N/A

List a few activities, interests, or hobbies that you enjoy regularly: _____

List any concerns you may have about participating in this program: _____
