

Volunteer Application Form



Group name (if applicable): _____

Name _____
(First) (Middle) (Last)

Address _____
(Street) (City) (State & Zip Code)

If at this address less than two years, please provide previous address:

Telephones: Cell _____ Home _____ Work _____

Which phone number should we use to reach you during the day? Cell Home Work

E-mail _____ Gender M F

Birth Date ____/____/____ Do you prefer to be contacted by phone or e-mail? _____

Volunteer Preferences - Please circle ALL that apply.

Position: Driver Visitor Either Office Snow Squad Shopper
Regular Substitute

Day/Days Available: Mon Tues Wed Thurs Fri Weekends Flexible

We deliver meals from 2 different facilities. Please check your preference.

____ Allentown – Trinity Baptist Church – 689 S. Hillview Road, Allentown

____ Slatington – American Legion Restaurant, 510 Main Street, Slatington

For shoppers: Are you willing to shop anywhere in Lehigh County?

Yes No, I prefer to shop in this area only: _____

Drivers need to complete the following section & provide a copy of their license & insurance:

Have you had any moving traffic violations within the past 5 years? ____ Yes ____ No

If yes, explain: _____

Have you participated in a safe driver's course? ____ Yes ____ No ____ Not Applicable

Driver's license # _____ Expiration Date _____

Name of car insurance company _____

Amount of liability insurance coverage? _____ Policy # _____ Expiration _____

(A minimum of \$100,000 liability insurance is required to be a driver.)

All volunteers need to complete the rest of this application. Continue →

Have you ever been convicted of a felony? _____ Yes _____ No

If yes, explain: _____

Current employer (if retired, last employer) _____

Other organization affiliations _____

Do you have any hobbies or special talents that could be helpful to our agency (such as fluency in another language)? _____

How did you learn of our need for volunteers? _____

Please provide us with at least one reference from your church or synagogue, place of employment or other agency.

_____ Phone # _____

In case of emergency (if your spouse or significant other volunteers with you at Meals on Wheels, please list someone else as your emergency contact):

Name _____

Daytime phone _____ Relationship _____

Please initial:

___ I have received the volunteer information and confirm that all of the above statements in this application are true and correct.

___ I also confirm that I have read and have a copy of the **Volunteer Agreement, Confidentiality Policy, Background Investigation Consent, Sexual/Unlawful Harassment Policy, and Statement of Liability.** (Please keep this form for your records—do not return it).

___ I give permission to Meals on Wheels of Lehigh County to perform a criminal background check. If I dispute the criminal record history, I will have the opportunity to request another review.

(Signature)

(Date)

Thank you for volunteering and welcome to Meals on Wheels of Lehigh County, Inc.!

Office Use Only:

Date of Delivery Orientation _____ **Date Observed on Route** _____

Date of Market Orientation _____ **Start Date(s)** _____