



People For People Volunteer Application

Please print

First Name.....Last Name.....
AddressCity/State/Zip.....
TelephoneCell Phone #.....
Date of BirthSpouse's Name.....

Personal Information (please check correct response):

Gender: Male Female

Physical Limitations: No Yes

(Please Explain)_____

Education (highest level completed)

Grades 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

Former work/occupation **Most recent employer (optional)**

List previous volunteer experience.....

How did you hear about our volunteer opportunity?

Skills (List your skills and indicate proficiency level) (S) Skilled (C) Can Teach (A) Amateur

- 1.
- 2.
- 3.

Languages (F) Fluent (R) Read (W) Write

- 1.
- 2.

Volunteer availability: (Check all applicable)

Number of Days per week: 1 2 3 4 5
Monday Tuesday Wednesday Thursday Friday No Preference

Transportation: (How you will get to your assignment)

Public Trans. Walk Bus/Van Taxi/Car Svc Car

In an emergency, notify:

First Name.....Last Name.....
Address
City/State/Zip.....Telephone.....

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin. (Please type your name)

.....
(Signature/Volunteer)

.....
(Date)

Thank you for your interest in volunteering with Meals on Wheels. Upon submitting this form a Meals on Wheels staff member will contact you with available volunteer opportunities.