



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/occupationMost 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.

Submit