

Meals On Wheels of Asheville & Buncombe Co.

Volunteer Application



Contact Information	
Name	
Street Address	
City, ST, ZIP Code	

Mailing Address	
City, ST, ZIP Code	

E-mail Address	
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Primary Phone	
Other Phone	

Volunteer Opportunities <i>(Please indicate your preference)</i>	
<input type="checkbox"/> Meal Delivery * <input type="checkbox"/> Receptionist/Clerical <input type="checkbox"/> Kitchen <input type="checkbox"/> Special Events <input type="checkbox"/> Community Service *Indicates high need	Other Skills:

Availability	
Note: Meals On Wheels operates Monday through Thursday from 8 AM to 4 PM and Fridays 8 AM to 3 PM. All meals are delivered by 12:30 PM.	
<input type="checkbox"/> Monday	<input type="checkbox"/> Full Time
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Substitute
<input type="checkbox"/> Wednesday	<input type="checkbox"/> Both
<input type="checkbox"/> Thursday	
<input type="checkbox"/> Friday	

Driver Information	
State Of Drivers License	
Drivers License Number	
Valid Through	
Insurance Company	
Policy Number	

References

Please give at least two references, including at least one who has known you two years and is not a relative. Also, a reference from any other volunteer experiences would be helpful.

Name	
Relationship To Volunteer	
Address	
Phone	
Name	
Relationship To Volunteer	
Address	
Phone	

Previous Volunteer Experience *(Summarize any previous volunteer experience)*

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Person to Notify in Case of Emergency

Name	
Relationship To Volunteer	
Primary Phone	
Other Phone	

Agreement and Signature

It is the policy of this Meals On Wheels of Asheville and Buncombe County to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

I acknowledge that the guidelines have been explained and all my questions have been answered. In signing, I agree that the health and safety of the clients is top priority and I will follow the guidelines in performance of my volunteer assignment.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Printed)	
Signature	
Date	

Thank you for your interest in the Meals On Wheels volunteer program!