

FOR OFFICE USE ONLY – Start Date _____ Day(s) _____ MOW Site _____ Route _____ End Date _____

I. PERSONAL INFORMATION			
Last Name	First	Middle	Date
Street Address			Home Phone ()
City	State	Zip	Cellular Phone ()
Email Address			
Emergency Contact Name _____		Phone # _____	
Relationship _____			
<p>Are you able to perform the essential functions of the position as listed and described on the job description or as demonstrated by an Agency representative with or without a reasonable accommodation?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>Have you ever been convicted of a crime, pled no contest, had adjudication withheld, or been a defendant in a civil action for an intentional tort?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No If “ Yes ” list offense, date and disposition of the case <i>(Convictions will not necessarily disqualify you for the position)</i> :			
II. VOLUNTEER INTERESTS			
Program / Area(s) of Interest			
<input type="checkbox"/> Meals on Wheels Volunteer Driver - Mon-Sat mornings only (please provide license and insurance information) Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No License # _____ Do you have current automobile insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Co _____ Policy # _____			
Are you volunteering as part of a Meals on Wheels Corporate Sponsorship? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please provide company name. _____			
<input type="checkbox"/> Clerical <input type="checkbox"/> Special Events / Fund Raising <input type="checkbox"/> Other _____			
Days & Times of Availability			
<input type="checkbox"/> Mon _____ am - _____ pm <input type="checkbox"/> Tues _____ am - _____ pm <input type="checkbox"/> Wed _____ am - _____ pm <input type="checkbox"/> Thurs _____ am - _____ pm <input type="checkbox"/> Fri _____ am - _____ pm <input type="checkbox"/> Sat _____ am			
Are You Currently Employed? <input type="checkbox"/> Y <input type="checkbox"/> N Company Name _____			
Position _____		Phone Number _____	

How did you hear of our volunteer need? Newspaper Ad (Where) _____
 Online (Where) _____ Previous Volunteer (When) _____
 Friend Other (Please specify) _____

III. CURRENT OR PREVIOUS VOLUNTEER ACTIVITIES OR SKILLS

1. Company Name _____
From Mo./Yr. _____ To Mo./Yr. _____ Activities / Duties _____

2. Company Name _____
From Mo./Yr. _____ To Mo./Yr. _____ Activities / Duties _____

3. Company Name _____
From Mo./Yr. _____ To Mo./Yr. _____ Activities / Duties _____

Foreign Languages (indicate proficiency to speak, read and write)

Computer Skills (Indicate any software used)

Other Skills

Do you have any experience, training, qualifications or special skills that you think make you especially suited for volunteer work at this Agency? (Explain)

IV. ACKNOWLEDGMENT

Please read carefully and sign below

I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration, and will result in my dismissal if discovered at a later date.

Applicant Signature:

Date: