



MEALS ON WHEELS/ LA POPOTE ROULANTE Volunteer Application Form

Name: _____ Date _____
 Address: _____ Postal Code: _____
 Phone: _____ Cell Phone _____ email _____

How do you prefer to receive your newsletter: regular mail e-mail

Type of role preferred:
 Driver Server Board/Committee Work Fund-raising Activities office work

Volunteer Type: *if corporate or group please indicate affiliation*
 individual corporate _____ group _____

Day(s) of week preferred:
 Monday Tuesday Wednesday Thursday Friday Saturday

Availability: Weekly Twice/Month Spare

What day(s) are you available to train on a route? _____

Meal service type preferred: Frozen Meals (Tues. pm/Fri. am) Hot Meals (lunch)

Area of city you feel comfortable to deliver in: _____

Employment or volunteer work background: _____

Language(s) spoken: English French Other: _____

Preferred spoken language: English French
 Preferred language for written information: English French

Who may we contact in case of emergency? _____
 Relationship? _____ Tel: _____

How did you hear about Meals on Wheels? *Please select and specify*
 Newspaper _____ Radio _____ Poster _____
 Internet Site _____ Word of Mouth _____ Other _____

For statistical purposes only please indicate your age category (optional):
 18-35 36-50 51-65 66-80 81+

Are you being referred to us as a participant of another community program? yes no
If yes, which program _____

Are there any special concerns you would like to discuss before volunteering?

References

I agree to have the following references (excluding family), whom I have known for at least one year, contacted by Meals on Wheels.

Signature: _____

Contact 1: Name: _____
 How long have you known this person? _____ Tel/email: _____

Contact 2: Name: _____
 How long have you known this person? _____ Tel/email: _____