

**MORGANTOWN AREA MEALS ON WHEELS VOLUNTEER
APPLICATION (April 2018)**

NAME: _____ DATE: _____

MAILING ADDRESS: _____ PHONE NUMBER(S): _____

EMAIL ADDRESS: _____

INTERESTS (CIRCLE): DRIVER SHOPPING OFFICE WORK NEWSLETTER GRANT WRITING FUNDRAISING

DO YOU HAVE A VALID DRIVERS LICENSE AND AUTO INSURANCE? (CIRCLE ONE): YES NO

IF YOU ARE INTERESTED IN BEING A DRIVER, DO YOU PREFER (CIRCLE): DRIVING 1 DAY EVERY WEEK (I.E. EVERY TUE) OR

DRIVING 1 DAY SOME WEEKS, BUT NOT EVERY WEEK?

DAY(S) OF THE WEEK YOU CAN VOLUNTEER, OR INDICATE "VARIABLE": _____

CURRENT EMPLOYER OR LAST EMPLOYMENT IF RETIRED (INCLUDE NAME AND PHONE # OF IMMEDIATE SUPERVISOR): _____

REFERENCE (LIST THE NAME AND PHONE # OF AN INDIVIDUAL WHO CAN ATTEST TO YOUR CHARACTER, SKILLS, AND DEPENDABILITY):

NAME PHONE # RELATIONSHIP TO YOU

HOW DID YOU FIND OUT ABOUT MAMOW? (CIRCLE ONE): RECRUITED BY A FRIEND MAMOW WEBSITE OR

OTHER (DESCRIBE): _____

CONTACT PERSON IN CASE OF AN EMERGENCY: _____

RELATIONSHIP

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____ Date/Initials

APPLICANT SIGNATURE

DATE

RECEIVED A COPY OF THE VOLUNTEER GUIDELINES (YES) (NO) ORIENTATION (YES) (NO) NAMETAG (YES) (NO) _____