

MEALS ON WHEELS®
Volunteer Application

NAME		<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.
MAILING ADDRESS	POSTAL CODE	
TELEPHONE NUMBER	EMAIL	
<i>Home:</i> _____ <i>Work:</i> _____ <i>Cell:</i> _____		
EMERGENCY CONTACT PERSON (Name)	RELATIONSHIP	
TELEPHONE NUMBER		
<i>Home:</i> _____ <i>Work:</i> _____ <i>Cell:</i> _____		

POSITIONS APPLYING FOR

<input type="checkbox"/> DRIVER	<input type="checkbox"/> SERVER	<input type="checkbox"/> EITHER
CURRENT VACANT VOLUNTEER SPOTS <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <small>(Filled out by Meals on Wheels Staff only)</small>		
YOUR AVAILABILITY <i>(1 to 1.5 hours between 10:30 am and 12:30 pm)</i>		
<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> FLEXIBLE
<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> ON-CALL <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> SEASONAL

DRIVER APPLICANTS

DRIVER'S LICENSE NUMBER	EXPIRY DATE	PLATE NUMBER
INSURANCE COMPANY	POLICY NUMBER	EXPIRY DATE
VEHICLE TYPE		
<input type="checkbox"/> 4-DOOR SEDAN	<input type="checkbox"/> 2-DOOR SEDAN	<input type="checkbox"/> VAN <input type="checkbox"/> TRUCK

Languages Spoken: _____

VOLUNTEER EXPERIENCE:

ORGANIZATION	POSITION/MAJOR RESPONSIBILITIES	DATES STARTED, FINISHED

REASON(S) FOR APPLYING TO VOLUNTEER:

HAVE SPARE TIME HELP OTHERS SKILLS / CAREER DEVELOPMENT
 MEET NEW PEOPLE PERSONAL SATISFACTION GIVE BACK TO COMMUNITY
 OTHER _____

INTERESTS, SKILLS, HOBBIES, LIFE/WORK EXPERIENCE

Is there any health or personal information that you wish to share to ensure a successful volunteer placement?
(e.g. difficulty with stairs)

How did you hear about volunteering for Meals on Wheels?

- NEWSPAPER POSTER TV / RADIO
 CITY WEBSITE THE KEY OTHER VOLUNTEER

OTHER _____

CONSENT AND AUTHORIZATION FOR REFERENCES

1. Character Reference *(no relatives or in-laws)*

Name: _____ Telephone: _____

Address: _____ Postal Code: _____

2. Professional Reference *(Employer, Volunteer Supervisor, etc.)*

Name: _____ Telephone: _____

Address: _____ Postal Code: _____

CONFIDENTIALITY: All client information is strictly confidential. I understand that any breach of confidentiality regarding any information about Meals on Wheels clients is a cause for dismissal from my duties as a Meals on Wheels volunteer.

DRIVERS: *I hereby certify that:*

1. I am insured for the use of my motor vehicle(s) under a standard automobile policy for third party liability and including passenger hazard to a limit of not less than \$500,000. My insurance agent is aware that I may be using my vehicle while volunteering for Meals on Wheels. I agree to maintain this minimum coverage at all times while using my vehicle for Meals on Wheels.
2. I will notify Meals on Wheels immediately of any changes in status of my driver's license or automobile insurance.

For positions of trust, The City Of Thunder Bay requires that successful applicants pass a Police Records Check.

Signature: _____ Date: _____

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. (as amended) and will be used to determine eligibility for volunteer positions. Questions about this collection of personal information should be directed to the Supervisor of Meals on Wheels, Pioneer Ridge, 750 Tungsten Street, Thunder Bay P7B 6R1 or Telephone 625-2785.

SUBMIT COMPLETED APPLICATION TO:

Supervisor, Meals on Wheels

Pioneer Ridge
750 Tungsten Street
Thunder Bay P7B 6R1