

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 (Filled out by Meals on Wheels Staff only)		
YOUR AVAILABILITY (1 to 1.5 hours between 10:30 am and 12:30 pm)		
<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W
<input type="checkbox"/> WEEKLY	<input type="checkbox"/> BI-WEEKLY	<input type="checkbox"/> ON-CALL
<input type="checkbox"/> Th	<input type="checkbox"/> F	<input type="checkbox"/> FLEXIBLE
<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:**

<input type="checkbox"/> HAVE SPARE TIME	<input type="checkbox"/> HELP OTHERS	<input type="checkbox"/> SKILLS / CAREER DEVELOPMENT
<input type="checkbox"/> MEET NEW PEOPLE	<input type="checkbox"/> PERSONAL SATISFACTION	<input type="checkbox"/> GIVE BACK TO COMMUNITY
<input type="checkbox"/> OTHER _____		

## INTERESTS, SKILLS, HOBBIES, LIFE/WORK EXPERIENCE

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

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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 (Vulnerable Sector).***

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 Program Manager of Meals on Wheels, 1200 Jasper Drive, Thunder Bay P7B 6N7 or Telephone 684-3048.

### SUBMIT COMPLETED APPLICATION TO:

**Program Manager, Meals on Wheels/Jasper Place**  
Jasper Place  
1200 Jasper Drive  
Thunder Bay P7B 6N7