

**VOLUNTEER APPLICATION FORM**

**Our primary concern is the safety and security of our clients, volunteers, staff and the Meals on Wheels Program. A Security Clearance is required in order to be considered as a volunteer.**

**Personal Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Ph Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address : \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**References:** Please list two references (business and personal)

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Information:**

How did you learn about our Volunteer Program? \_\_\_\_\_

Why do you want to volunteer with Meals on wheels? \_\_\_\_\_

Please list any medical or physical conditions we should be aware of for your safety. (Example: epilepsy, heart problem, asthma, diabetes, etc)

Do you have any medical or physical conditions that may limit your ability to perform certain kinds of task? (For example: bad back (lifting), bad knees (going up stairs, allergies) \_\_\_\_\_

Do you have valid driver's license?

**Y / N**

Do you own a vehicle?

**Y / N**

Are you retired?

Y / N

Are you currently employed? Y / N

**Skills and Experience:**

List previous/current Volunteer Activities \_\_\_\_\_

\_\_\_\_\_

List hobbies/ interests \_\_\_\_\_

\_\_\_\_\_

List special skills or training \_\_\_\_\_

\_\_\_\_\_

List anything else you would like us to know \_\_\_\_\_

\_\_\_\_\_

**Declaration**

*I hereby certify that the above information is true and complete to the best of my knowledge. I authorize Central Peace Meals on Wheels to contact the above named references and to release my name and date of birth to the police department for security clearance purposes. I understand that any information I provide will be kept confidential and will not be released to any other organizations or persons without my consent.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for your application. Please mail or fax your completed application to FCSS Coordinator at

**Office Use:**

- |  |
|--|
| <input type="checkbox"/> Criminal record check – copy received |
| <input type="checkbox"/> Reference check (as per attached)     |
| <input type="checkbox"/> Copy of drivers license               |
| <input type="checkbox"/> Copy of vehicle insurance             |