



MEALS ON WHEELS VOLUNTEER APPLICATION

Our primary concern is the safety and security of our clients, volunteers, staff and the Meals on Wheels Program. A Criminal Record Check & Vulnerable Sector Check is required in order to be considered as a volunteer. Please contact your local RCMP in regards to the security clearance.

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 Family & Community Support Services 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:

Fax: 780-864-4303

Email: fcsc@mdspirriver.ab.ca

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 |