



# VOLUNTEER APPLICATION

(806) 374-1521 | www.AmarilloMealsOnWheels.org

*We deliver more than just a meal.*

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
(STREET ADDRESS REQUIRED)

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DRIVER'S LICENSE NO.: \_\_\_\_\_ AUTO INSURANCE CO.: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ARE YOU RETIRED?: \_\_\_\_\_  
(FORMER EMPLOYER IF RETIRED) (OCCUPATION)

MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_ SPOUSE OCCUPATION: \_\_\_\_\_

In case of emergency, who can we contact?: \_\_\_\_\_  
(NAME) (DAY PHONE)

What inspired you to volunteer for Meals On Wheels? (newspaper, tv, friend, etc.): \_\_\_\_\_ CHECK

**ALL YOU WOULD BE INTERESTED IN:**

- Regular Driver
- Interviewer
- Substitute Driver
- Carryout Helper at Hospitals (9:00-10:30 am)
- Snow Driver

**LIST TWO LOCAL REFERENCES**

1. \_\_\_\_\_  
NAME (INCLUDE TITLE IE MR, MRS, MS) ADDRESS ZIP PHONE
2. \_\_\_\_\_  
NAME (INCLUDE TITLE IE MR, MRS, MS) ADDRESS ZIP PHONE

Current Memberships (church, club, etc.): \_\_\_\_\_

Interests and Skills: \_\_\_\_\_

Days UNABLE to volunteer (if any): \_\_\_\_\_

1. Do you use illegal drugs? Yes No
2. Do you have an alcohol problem? Yes No
3. Have you ever been convicted of a criminal offense? Yes No
4. Has your driver's license ever been suspended or revoked? Yes No

If you answered yes to any of the above or if there is any fact or circumstance involving you or your background that would call into question your being entrusted as a Meals On Wheels volunteer, please explain:

\_\_\_\_\_

I hereby certify that the above information is true and correct to the best of my knowledge. I also consent to Meals On Wheels of Amarillo, TX, Inc. contacting my personal references and requesting my background check.

\_\_\_\_\_  
SIGNATURE OF VOLUNTEER DATE

MAIL TO: Meals On Wheels, 219 W. 7th, Amarillo, TX, 79101 | Phone: 374-1521

EMAIL: susie@amarillomealsonwheels.org

OFFICE USE ONLY			
Training Date	_____	_____	_____
Route	_____	Perm	Sub
Group	_____	_____	_____
System	_____	_____	_____

