



SENIOR SERVICES

Meals-on-Wheels

2895 Shorefair Dr.
Winston Salem, NC 27105
(336) 748-5932

Assigned Route: _____

Day(s) to deliver : _____

VOLUNTEER APPLICATION

Please circle one: Mr. Mrs. Ms. Dr. Other _____

Name _____ Date _____

Address _____ City _____

State _____ Zip Code _____ Email address: _____

Telephone: h) _____ w) _____ c) _____

Emergency Contact _____ Telephone: _____

I am currently:

Employed _____ Homemaker _____ Retired _____

Student _____ School _____

Church Affiliation (if any) _____

Are you volunteering as a member of an organization? Yes _____ No _____

If yes, please tell us which one _____

Do you have a geographical preference for meal delivery? Yes _____ No _____

If yes, where do you prefer to deliver? _____

When are you available to volunteer? Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

I am available to volunteer _____ times per month

Would you be willing to substitute? Yes _____ No _____

If yes, which days are you available to substitute? _____

How did you hear about Meals-on-Wheels?

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please describe

References:

Please list names and phone numbers of personal references

Name _____ Phone # _____

Name _____ Phone # _____

Automobile Insurance Information

Do you plan to drive your own car? Yes _____ No _____

If yes, please complete the following information:

Driver's License Number: _____

License Expiration Date: _____

Insurance Company's Name: _____

If I use my personal automobile in my volunteer service, I understand that I must keep automobile liability insurance in effect equal to the minimum limits required by North Carolina. (Senior Services, Inc. and its insurance provider recommend that you carry 100K/300K liability limits on your personal auto policy.) I also understand that, if I am involved in an incident with my automobile and I am at fault, it is my responsibility to take care of any financial consequences that might ensue. (Please initial _____)

Print name: _____

Sign name: _____

Date: _____

Route Assigned:	Date Started:
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