

THREE VILLAGE MEALS ON WHEELS, INC.
VOLUNTEER APPLICATION

Name _____ Spouse _____ Date _____

Address _____

Mailing Address _____

H Phone _____ Cell Phone _____

Age _____ Birthday _____ E-Mail _____

Volunteer Experience _____

Business Experience _____

How did you hear about us _____

Any Physical Restrictions _____ Do You Drive _____

Day of the week available to drive _____
(Approximately 11:00 AM - 1:30 PM)

Note second or third choice, if any _____

In case of emergency: _____ Relationship _____

Phone _____ B Phone _____ Cell _____

Office use only:

Training Date _____ Trainer _____ Route _____

Added to Email _____ Mailing list _____ Notes _____

Retired Date _____ Off Email _____ Off Mailing list (ex/ac) _____