

Norcross Meals on Wheels Volunteer Application Form

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

How did you hear about our program? _____

May we use you as a contact for a civic group or church to which you belong? (If so, list.) _____

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Availability for delivery of meals: _____ Monthly _____ Twice per month _____ Weekly

Best Days: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Best Weeks: _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th (only some months)

I am willing to be an occasional substitute driver. _____

I prefer to be a substitute driver only. _____

I am available for special events. _____

I am interested in becoming a board member. _____

Previous volunteer experience – organization name/brief description of duties: _____

Please list other skills/interests/abilities: _____

Do you have a valid driver's license? _____ yes _____ no

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Do you have auto insurance? _____yes _____no

Have you ever been convicted of a crime? If yes, please explain. _____

Emergency contact:

Name: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Please list the names and phone numbers of two persons (not relatives) that you have known for at least one year.

Name: _____

Home Phone: _____ Cell Phone: _____

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Name: _____

Home Phone: _____ Cell Phone: _____

Norcross Meals on Wheels | Email: coordinator@norcrossmealsonwheels.org | Phone: 678.788.3358

Please mail completed form to: Norcross Meals on Wheels, PO Box 921512, Norcross, GA 30010