

**VOLUNTEER REGISTRATION FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CIRCLE DAYS AVAILABLE: M T W TH F S S

D.O.B. \_\_\_\_\_ EMERGENCY CONTACT - Name: \_\_\_\_\_  
Phone: \_\_\_\_\_

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

- I WILL DRIVE FOR MEALS ON WHEELS.
- I WILL SERVE AS A CAPTAIN TO CALL 10 VOLUNTEERS MONTHLY.
- I WILL RIDE WITH SOMEONE WHO DRIVES FOR MEALS ON WHEELS.
- I WILL SERVE AT A DISPLAY BOOTH. (SUCH AS A LOCAL FAIR-may include weekend)
- I WILL HELP WITH OFFICE WORK. (may include weekend)
- I WILL HELP WITH FUNDRAISING. (may include weekend)
- I WILL SERVE AS A SPEAKER.
- I CAN CALL CLIENTS WHEN OFFICE IS CLOSED DUE TO EMERGENCY
- MY GROUP/ORGANIZATION WOULD BE INTERESTED IN A SPEAKER.

I CARRY \$ \_\_\_\_\_ AUTOMOBILE LIABILITY INSURANCE.  
THE NAME OF MY INSURANCE COMPANY IS \_\_\_\_\_.

Driver License # \_\_\_\_\_

To protect those we serve, we request that potential volunteers to provide two local references whom we may contact.

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

\*PLEASE DROP OFF OR MAIL BACK TO: MEALS ON WHEELS, 118 WALNUT ST., SALEM, NJ 08079