



## VOLUNTEER APPLICATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

WHERE DID YOU HEAR ABOUT MILTON MEALS ON WHEELS? \_\_\_\_\_

WHAT DAY (S) WOULD YOU BE AVAILABLE: \_\_\_\_\_

WHAT SITUATION (S) WOULD YOU PREFER TO DRIVE IN?

- Apartments \_\_\_\_\_
- Rural Areas \_\_\_\_\_
- Routes of less than 5 people \_\_\_\_\_
- Routes of more than 6 people \_\_\_\_\_
- Emergency/Last minute routes \_\_\_\_\_
- All of the above \_\_\_\_\_

ARE THERE ANY SITUATION(S) NOT MENTIONED THAT YOU WOULD PREFER TO DRIVE IN?

\_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ RETIRED \_\_\_\_\_

DO YOU SPEAK ANY ADDITIONAL LANGUAGES? \_\_\_\_\_

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DO YOU HAVE ANY ADDITIONAL SKILLS OR TRAINING THAT WOULD BENEFIT YOUR VOLUNTEER TIME WITH US? (IE. FIRST AID TRAINING) \_\_\_\_\_

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DO YOU HAVE ACCESS TO A CELL PHONE THAT YOU COULD USE WHILE OUT ON A ROUTE? \_\_\_\_\_

IS YOUR VEHICLE EQUIPTED WITH GPS? \_\_\_\_\_

POLICE RECORDS CHECK COMPLETE? \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**OUR DRIVER'S MUST AT ALL TIMES HAVE UP TO DATE AUTOMOBILE INSURANCE.**

ARE YOU CURRENTLY INVOLVED IN ANY OTHER VOLUNTEER WORK?

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WE WOULD LIKE TO THANK YOU FOR TAKING THE TIME TO FILL OUT THE APPLICATION, WE WILL BE IN TOUCH WITH YOU SHORTLY TO ARRANGE FOR YOUR TRAINING AND ROUTE PLACEMENT. IF YOU HAVE ANY QUESTIONS DO NOT HESITATE TO CONTACT US.