



Meals on Wheels Collin County

Volunteer Application

Applicant Information

Full Name: _____ Nickname: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Alt. Phone: _____

Email: _____ Date of Birth: _____

Place of employment: _____

Are you volunteering on behalf of a specific Organization / Church / Company? _____

Name of organization: _____

Language(s) spoken other than English _____

Why are you interested in volunteering with us? _____

How did you hear about us? _____

Are you a current Meals on Wheels donor? Yes No

Volunteer Interest

Availability: Monday Tuesday Wednesday Thursday Friday

How many hours do you plan to volunteer a week/ month? _____

MOW Meal Delivery Driver

Areas available for route delivery: McKinney Plano Frisco Wylie Other areas

Office Volunteer Opportunities: Receptionist Assistant Data Input Mailing Campaigns

Caseworker Volunteer Opportunities: Copies & Filing Client Well- Check Phone Calls

Kitchen Volunteer Opportunity: Assisting with assembling meals

Special Events / Projects: Golf Tournament Delivering Fall Harvest/ Spring Boxes to Clients

Conducting Drives for In-Kind Donations Landscaping/Yard Work

Education

School name and highest level of education completed. _____

Degree(s) & Major(s) _____

Reference

Please list an individual familiar with your related experiences, qualifications, and general character.

Full Name: _____ Relationship: _____

Job Title: _____ Years Known: _____

Email: _____

Volunteer Experience or Related Volunteer Work

Name of Organization: _____

Position: _____ Dates From: _____ To: _____

Name of Organization: _____

Position: _____ Dates From: _____ To: _____

In Case of Emergency Contact

Please list an individual we may contact in the event of an emergency.

Full Name: _____ Relationship: _____

Phone: _____ Alt. Phone: _____

Have you ever been convicted of a crime? _____

If yes, please disclose the nature and date of the offense. _____

I certify my answers are true and complete to the best of my knowledge.

I also authorize the Meals on Wheels of Collin County to conduct a background check and to verify this information.

Participants may be photographed for educational, archival, and public relations purposes for The Meals on Wheels of Collin County.

Signature: _____ Date: _____