



# Meals on Wheels

PRINCE EDWARD COUNTY, VA

505 Griffin Boulevard, PO Box 758, Farmville, VA 23901  
434-392-8797 or 434-315-3480 or director@mowpec.org

## VOLUNTEER GROUP APPLICATION

Organization Name \_\_\_\_\_

Date \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact Phone \_\_\_\_\_

Contact Email \_\_\_\_\_

Organization Sponsor \_\_\_\_\_

Sponsor Phone \_\_\_\_\_

Sponsor Email \_\_\_\_\_

Days available to deliver meals (circle all that apply): M TU W Th F All

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

How did you find out about Meals on Wheels? \_\_\_\_\_

Collegiate Affiliation: Longwood

Hampden-Sydney

Other (please specify) \_\_\_\_\_

Other Interests: \_\_\_\_\_ Fund Raising & Special Events

\_\_\_\_\_ Volunteer Recruitment

\_\_\_\_\_ Public Relations

\_\_\_\_\_ Serving on Board of Directors

List two (2) references: \_\_\_\_\_

\_\_\_\_\_

**Please read the following statements & sign in agreement:**

- 1) Have you been, or do you stand to be, convicted of either a felony or a sex crime? \_\_\_\_ No \_\_\_\_ Yes
- 2) Meals on Wheels delivers meals to elderly, disabled & homebound adults in need of balanced, nutritious lunch time meals.
- 3) Meals on Wheels does not discriminate based on any particular illness, age, race, gender or religion.
- 4) Meals on Wheels respects and protects Client confidentiality and ensures Volunteer safety.

I understand that I may deliver meals to Clients diagnosed with infectious diseases or to Clients who may be unaware that they have infectious diseases. I have read ALL statements and agree to represent Meals on Wheels as directed.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**\*\*On the back, please have all members of your organization, who will serve as Volunteers, answer "Yes" or "No" to #1; sign names & date to acknowledge that they have read & agree to the remaining statements.**