



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 APPLICATION

Date _____ Date of Birth _____ Email _____

Name _____ Phone _____

Address _____ Days Available: **M Tu W Th F All**

I would like to be _____ **Regular Driver** (same route, same day, each week)

_____ **Substitute Driver** (on call, as needed when available)

How did you find out about Meals on Wheels? _____

Employment? _____

Club/Organization Affiliations? _____

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 _____