Volunteer Application

Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Twitter\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instagram\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own a car? \_\_\_\_yes \_\_\_\_no License Plate # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to be a: \_\_\_\_\_ meal delivery \_\_\_\_\_ office substitute \_\_\_day captain

 \_\_\_\_on call delivery \_\_\_\_meal packer \_\_\_donation pick up & drop off

Day(s) you are available to volunteer:

\_\_\_\_ Mon \_\_\_\_ Tues \_\_\_\_ Wed \_\_\_\_Thurs \_\_\_\_ Fri

Person to notify in case of emergency:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime, including abuse /molestation or

 sex-related offenses? \_\_\_\_yes \_\_\_\_no

For drivers only:

I have a valid NJ driver’s license and carry valid auto insurance: \_\_\_­yes \_\_\_no

My auto insurance maintains liability limits of at least:

100,000 per person/300,000 per accident/100,000 property damage \_\_\_ yes \_\_\_ no

Insurance policy (last 4 digits) \_\_\_\_\_\_\_ Insurance policy expiration date \_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Due to insurance requirements, all volunteers must have a criminal background check; this will be completed by the Meals on Wheels Program Director.