



Volunteer Application

Name: _____

Address: _____ ZIP _____

E-Mail Address: _____ Date of Birth: _____

Telephone: _____ Cell Phone: _____

Days Available to Deliver Meals:

Monday Tuesday Wednesday Thursday Friday

Would you be willing to drive in bad weather when needed? YES _____ NO _____

Special Needs/Physical Limitations: _____

In addition to being assigned to a regular day route, would you be willing to drive occasionally when a substitute driver is needed? YES NO

Would you prefer to volunteer only as a substitute driver? YES NO

Current employer (if retired, last employer): _____

Do you have a valid driver's license? YES NO

Driver's License Number & Issuing State _____

Do you have a vehicle to use for meal delivery? YES NO

Does the vehicle meet minimum state insurance requirements? YES NO

Is your vehicle legally registered? YES NO

Vehicle Insurance Company & Policy Number: _____

Have you ever been convicted of a felony, crime of dishonesty or untruthfulness, or a crime involving abuse of alcohol or a controlled substance? If YES, please describe in detail on back.

I hereby authorize Bloomington Meals on Wheels or any of its agents to perform a criminal background check or any other kind of background check.

The above statements are true and correct.

SIGNATURE: _____ DATE: _____