

Bloomington Meals on Wheels Volunteer Application

* Required

1. Name *

2. Address *

3. City *

4. State *

5. Zip Code *

6. Phone number(s) *

7. Phone Type *

Mark only one oval.

Home

Cell

8. Alternate phone number

9. Phone Type

Mark only one oval.

Home

Cell

10. Email Address *

11. Date of Birth *

12. Which volunteer opportunities are you interested in (Check all that apply)

Check all that apply.

Meals on Wheels Delivery Driver - Deliver prepared meals to Bloomington residents who are homebound and unable to prepare nutritious meals due to chronic illness, injury, serious disability or advance age. Routes take 1 -1.5 hours, starting at 11:00 am.

Groceries to Go Delivery Driver - Deliver bags of food to Bloomington residents who are unable to access other free food sources, such as pantries or Community Kitchen, due to health or transportation issues. Routes take 1.5-2 hours on Thursdays.

Groceries to Go Distribution Assistant- Prepare bags of food for delivery and restock pantry shelves. Monday, Tuesday, and Thursday 10:00 am - Noon.

13. Days available to deliver meals or pack bags: *

Check all that apply.

Monday

Tuesday

Wednesday

Thursday

Friday

14. Would you be willing to drive in bad weather? *

Mark only one oval.

Yes

No

15. Special Needs/ Physical limitations:

16. Are you fully vaccinated against COVID-19? (2 weeks past final required dose) *
You will not be denied based on responding no. This question is to help identify volunteer partners for those who wish to partner with a vaccinated individual.

Mark only one oval.

- Yes
- No
- I am partially vaccinated and will be fully vaccinated soon

17. In addition to being assigned to a regular day route, would you be willing to drive occasionally when a substitute driver is needed? *

Mark only one oval.

- Yes
- No

18. Would you prefer to volunteer only as a substitute driver? *

Mark only one oval.

- Yes
- No

19. Current employer (if retired, last employer) *

20. Do you have a valid driver's license? *

Mark only one oval.

Yes

No

21. Driver's license number and issuing state: *

22. Do you have a vehicle to use for meal delivery? *

Mark only one oval.

Yes

No

23. Does the vehicle meet minimum state insurance requirements? *

Mark only one oval.

Yes

No

24. Vehicle insurance company and policy number: *

25. Is your vehicle legally registered? *

Mark only one oval.

Yes

No

26. 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 below.

27. By writing my name below, 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. I also agree that the above statements are true and correct.

28. Date completed *

Example: January 7, 2019

This content is neither created nor endorsed by Google.

Google Forms