



1341 Parkview Drive Lyndhurst, OH 44124 440-449-3551

mealsonwheels@lyndhurst-oh.com

**VOLUNTEER APPLICATION**

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

Address: \_\_\_\_\_

Street

City

ST

Zip

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Specify days of week you are available to volunteer: \_\_\_\_\_

Are you interested in (please circle all that apply) office work/ meal delivery/ food pick up/any available positions

May we contact you to substitute? \_\_\_ If so, what day(s)? \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

Please provide the name and contact information of a friend or co-worker who can provide a reference for you:

\_\_\_\_\_

By signing this form, I am making a commitment to serve as a volunteer for Meal on Wheels. I understand that Hillcrest Meals on Wheels is a nonprofit volunteer organization committed to the delivery of meals to designated clients in accordance with the guidelines and policies established by the organization. I promise to keep confidential all information that comes to me in fulfillment of my volunteer duties. I agree that if I drive as part of my volunteer service, I will maintain at all time, during such service, a valid driver's license and automobile insurance, as required by law in the State of Ohio.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_