



Volunteer Application

Volunteer Identification	Office Use Only	
Name: _____	Worker # _____	
(Surname) (First Name) Title:	Interview	
Address: _____	CRC	
City: _____ Postal Code: _____	Job Description	
Telephone Number: Home: _____ Work: _____	CIMS	
Fax: _____ E-mail: _____	Trained	
Drivers Licence # _____ Expiry: _____	Follow Up	
Car Insurance Company: _____	DA Reimburse	
Policy #: _____	Placement: _____	
Emergency Contact		
Name: _____ Relationship: _____		
Telephone Number: Home: _____ Work: _____		
Employment/Skills		
Place of employment: _____ Position: _____		
If retired, previous occupation: _____		
Do you have other skills or resources that might benefit your work at Meals on Wheels London? _____		
Which language(s) do you speak? _____		
Personal Information		
Why do you want to volunteer for Meals on Wheels London? _____ _____		
Have you ever volunteered before: Yes _____ No _____		
If yes, please describe where and when. _____ _____		
What are your hobbies and interests? _____ _____		

Volunteer Opportunities

The following is a list of volunteer opportunities within our organization.
Please indicate with a ✓ all of the positions that are of interest to you.

- Regular Meal Delivery Driver**
Assigned to a regular route, delivers meals once a week on a specific day.
- Spare Meal Delivery Driver**
Assigned to a depot(s), delivers meals on an occasional, call-in basis when regular drivers are unavailable.
- Transportation Driver**
Selects a particular time of the week, and will drive clients to medical appointments.

Please prioritize your choices by indicating your top preference:

First Choice: _____

Availability

Winter Spring Summer Fall

Which months are you NOT available? (Please circle):

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

What days of the week are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
Lunch							
P.M.							

Referral Sources

(This information is important for statistical purposes and for the development of recruitment and marketing strategies)

How did you find out about the Meals on Wheels London program? (identify the exact source whenever possible)

Meals on Wheels Website The A Channel Roger's Cable United Way

Pillar Volunteer Network Radio (Station?) _____

Newspaper Article/Photo (Name of the newspaper?) _____

Print Ad (Name of the newspaper?) _____

Presentation (When and where?) _____

Brochure (Where or who gave it to you?) _____

Display (Location?) _____

Word of Mouth (Another volunteer, staff, client?) _____

Meals on Wheels Name (You've known about it for years, but what prompted you to call now?)

Other _____

References

Provide two personal references (do not use relatives) and one employment reference if working.

Name:	Relationship:	Years Known:
Home Phone:	Business Phone:	
OFFICE USE:		
Name:	Relationship:	Years Known:
Home Phone:	Business Phone:	
OFFICE USE:		
Employment Reference:		
Name:	Relationship:	
Organization/Business:		Phone:
Home Phone:	Years Known:	
OFFICE USE:		

You will be asked to sign the following agreement during the interview.

Authorization and Statement of Confidentiality

I, _____, authorize Meals on Wheels London to collect personal information appropriate to the position(s) applied for concerning my employment history as well as any volunteer experience, and to verify the character references I have supplied. I understand that the information obtained will be confidential but will be shared with the appropriate Police Department in order to obtain clearance on a Police Records Check. I understand that my personal information may be used to keep me informed and up to date on the activities of Meals on Wheels London, including services, funding needs and opportunities to volunteer or to give. I hereby certify that my drivers licence and vehicle insurance are valid and that the above information is true to the best of my knowledge. I agree to keep Meals on Wheels London informed if any of the above information changes at any time. I understand that any willful falsification of information may result in termination of my volunteer assignment.

I agree to hold as confidential and will not disclose or release to any person or agency at any time, except where required by law, any information or document that tends to identify anyone receiving Meals on Wheels London services without the written consent of the individual or their guardian prior to the release or disclosure of information or documents. I understand that a breach of client confidentiality may result in my being removed from my volunteer position; and that release of confidential information might be cause for legal action.

Applicant's signature

Date

Important Note: All information Meals on Wheels London receives about clients is confidential – names, addresses, health conditions, etc. It is NOT considered a violation of confidentiality for volunteers to inform Meals on Wheels London of concerns about clients. Often volunteers are the first persons to recognize that a client is in poor health or has a problem needing attention. Please do not identify clients by name or address to ANYONE other than Meals on Wheels London staff. Thank you for your cooperation.