



SENIOR MEALS PROGRAM
Good Food.....Good Friends.....Good Times

Form 07a

**VOLUNTEER APPLICATION for
Meals on Wheels and Senior Meals Program Dining Centers**

Volunteer Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: (Day) _____ (Evening) _____

E-Mail Address: _____

Social Security Number: _____

Hours/Days Available: _____

Type of Volunteer Work Preferred:

Education: _____

Work Experience: Please list previous work and volunteer experience.

Please provide information about your most recent employer or volunteer position:

Employer Name: _____ Contact _____

Address: _____ City _____ State _____ Zip _____

Phone: _____

Why do you want to volunteer with this agency?

Do you speak any foreign languages? If so, which one(s)?

Please list hobbies or skills you wish to share in your volunteer position.

Please give the name of two personal references.

Name: _____ Relationship _____

Address: _____ Phone _____

Name: _____ Relationship _____

Address: _____ Phone _____

Are there any health limitations which would preclude you from being able to perform the activities connected to a volunteer position with this program?

Please explain.

If you are interested in delivering Meals on Wheels, please read and complete the following:

1. *Do you own, or have access to, a reliable vehicle?*
2. *Do you have a valid Oregon State driver's license?*
3. *Driver's License Number:* _____ *State:* _____
4. *Auto Insurance Company:* _____ *Auto Liability Limits:* _____
5. *Criminal History Checks are required for MOW delivery volunteers who will have unsupervised contact with vulnerable clients. The conviction of a crime (felony or misdemeanor) will not automatically disqualify a person from volunteering. Each situation will be considered individually. The relevant form will be provided after the interview. Completed forms are maintained in a confidential manner at Senior & Disabled Services. This process can take from 1-6 weeks.*

Please print out this form and mail to:

Senior Meals and Meals on Wheels

1015 Willamette Street

Eugene, OR 97401

or

e-mail to: sds@lcog.org