

# VOLUNTEER APPLICATION

Meals on Wheels of Hamilton County, Inc.  
395 Westfield Road Noblesville, IN 46060

Please complete and return to the Meals on Wheels office. Thank you.

Name \_\_\_\_\_  
*First Middle Initial Last*

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Car or Cellular Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employer \_\_\_\_\_

Volunteer Type \_\_\_\_\_ Group/Company Name \_\_\_\_\_  
*Individual/Group/Corporate*

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Relationship(s) \_\_\_\_\_

Vehicle Insurance Company and Policy Number \_\_\_\_\_

*(Please attach a copy of the insurance policy evidencing coverage required by Indiana law)*

Driver's License Number and Issuing State \_\_\_\_\_

*(Please attach a copy of a valid Driver's License)*

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 Meals on Wheels of Hamilton County, Inc., or any of its agents to perform a criminal background check or any other kind of background check.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Volunteering for (Check one or more):** Driver . Administration . Committee . Fund raising .

For Drivers Only - MEALS ON WHEELS DELIVERY INFORMATION

Preferred Delivery Schedule \_\_\_\_\_

Will You Have a Delivery Partner? \_\_\_\_\_ If So, Who? \_\_\_\_\_

*(Partner(s) must also complete an application)*

Are You Available to Substitute? \_\_\_\_\_ Which Days? \_\_\_\_\_

I hereby swear or affirm under penalty of perjury that all the above information is true.

Signature \_\_\_\_\_ Date \_\_\_\_\_