

Meals On Wheels Volunteer Application

#101, 10127 – 121 Avenue, Grande Prairie, AB T8V 7V3 email: meals@mealsonwheelsgp.com
Phone: (780) 539 – 3901

A volunteer is required to have a genuine desire to help, friendly manner, and a commitment of time to the volunteer task.

Last Name	First Name		Initial
Address	City		Postal Code
Phone Numbers:		(home)	
		(work)	
		(cell)	
Email:			
	volunteering?		
How did you hear about	t our program?		
Valid Driver's Licence #		Class	
Do you have a vehicle?	yes no		
If so, are you willing toyes no	operate your vehicle at you	r expense?	
Do you have a cell phor	ne? ves no		

Are you willing to have a criminal re	ecords check completed?yes no	
 Weekly Mont If other, please specify Be a member of the Additional Directors yes 	yes no delivering meals, how often can you help? hly Other dvisory Committee and/or Board of no nator (work in office) yes no	
References:		
Name	Organization	
Phone number	email	
Name	Organization	
Phone number	email	
Do you give Grande Prairie Council to use any photographs of you on the purposes? yes no	On Aging & Meals On Wheels permission eir website, or for other advertising	
Signature	Date	