



Are you willing to have a criminal records check completed? \_\_\_yes \_\_\_ no

What areas would you be interested in volunteering?

- ❖ Delivering meals: \_\_\_ yes \_\_\_ no
- ❖ If you answered yes to delivering meals, how often can you help?
- ❖ \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Other
- ❖ If other, please specify \_\_\_\_\_
- ❖ Be a member of the Advisory Committee and/or Board of Directors \_\_\_ yes \_\_\_ no
- ❖ Assist program coordinator (work in office). \_\_\_ yes \_\_\_ no
- ❖ Fundraising Committee \_\_\_ yes \_\_\_ no

References:

\_\_\_\_\_  
Name Organization

\_\_\_\_\_  
Phone number email

\_\_\_\_\_  
Name Organization

\_\_\_\_\_  
Phone number email

Do you give Grande Prairie Council On Aging & Meals On Wheels permission to use any photographs of you on their website, or for other advertising purposes? \_\_\_ yes \_\_\_ no

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