

Applications can be filled out online, saved and emailed to jans@catawbacountync.gov

Or you may be able to use the Submit button

Or print the application and mail it to Attention: Volunteer Coordinator (Meals on Wheels)

P.O. Box 207 Newton, N.C. 28658

NAME (LAST, FIRST, MI) _____

ADDRESS (STREET, CITY, ZIP) _____

EMAIL ADDRESS: _____ BIRTHDAY: _____ (Month / Day / Year)

PHONE: (W) _____ (H) _____ (CELL) _____

EMPLOYER: _____ OCCUPATION: _____

I would like to volunteer for:

- Home Delivered Meals # of days per month _____ Preference of Day or week _____
- Could you substitute beyond your regular day? YES _____ NO _____
- Frozen Meal Program
- Boost / Ensure
- Seniors Morning Out
- Helping seniors with specific needs: transportation to doctor pick up groceries
- provide a weekend meal with your church or civic group
- Help with fundraising efforts for nutrition program
- Office work

How did you hear about the volunteer opportunity? Friend another Volunteer Church Radio
 Newspaper Internet Other: _____

Please check the following: DO YOU?

- Speak any foreign language: YES _____ which language _____ NO _____
- Have a valid drivers license YES _____ NO _____
- Do you have any health related problems or physical limitations YES _____ NO _____
- Know of another potential volunteer YES _____ NO _____
- Have you been convicted or pled guilty to a felony YES _____ explain: _____
_____ NO _____

CRIMINAL BACKGROUND CHECKS WILL BE COMPLETED PRIOR TO VOLUNTEERING

References: (No Relatives)

References checked

1. _____ Phone or email: _____ Yes ___ No ___ Date: _____
2. _____ Phone or email: _____ Yes ___ No ___ Date: _____
3. _____ Phone or email: _____ Yes ___ No ___ Date: _____

SIGNATURE OF APPLICANT: _____ (to be signed at Orientation)

OFFICE USE ONLY:

Date Criminal Background Checked: ___ Initials: ___ Approved ___ Disapproved ___ Date rec. by Vol. Coordinator _____
 Routes _____ Schedule _____ Start Date: _____ Calendar: Mail or Email
 Volunteering for: HDM Frozen Boost Office Other _____
 Orientation Date: _____ Entered in Data Base ___