

1200 N. Knollwood Circle
Anaheim, CA 92801
(714) 220-0224
Fax (714) 220-1374
www.MealsOnWheelsOC.org



BC Fee Received: _____
Cash/Check/Credit Card
By: _____
Date: _____

- Lunch Cafe (Congregate) Meals on Wheels (HDM) Adult Day Health Care (ADHC/ADC)
 Friendly Visitor Social Services Office Administrative Support Special Project
 Internship: School _____ Major/Degree: _____ Hours Required _____

PERSONAL INFORMATION:

Date: _____

First Name: _____ Last Name: _____
Home Address: _____ City: _____ Zip: _____
Cell Phone: _____ Home Phone: _____
E-Mail: _____ Fax # (If Any): _____

Are you at least over 18 years old _____

If your volunteer work requires driving: Do you have a valid driver's license? 0 Yes 0 No
Can you provide evidence of insurance or insurability? 0 Yes 0 No

How did you hear about Meals on Wheels OC? _____

EMPLOYMENT:

Current or Last Employer: _____ Phone number: _____
Address: _____ City: _____ Zip: _____
Position: _____ May we contact? Yes No

REFERENCES: (Please exclude relatives; must include at least one employer/professional reference.)

Name: _____ Phone Number: _____
Email Address: _____
Name: _____ Phone Number: _____
Email Address: _____

ORGANIZATIONS TO WHICH YOU HAVE PROVIDED VOLUNTEER SERVICES (if applicable):

Supervisor: _____ Phone/Email: _____

VOLUNTEER INFORMATION:

Primary reason you would like to volunteer for Meals on Wheels OC: _____

Are you able to perform the essential job functions of the volunteer position for which you are applying?: _____

Cities willing to volunteer in: _____

Day(s) you are available to volunteer: # of Hours Available

Monday _____ A.M. or P.M. _____

Tuesday _____ A.M. or P.M. _____

Wednesday _____ A.M. or P.M. _____

Thursday _____ A.M. or P.M. _____

Friday _____ A.M. or P.M. _____

**Saturday _____ A.M. or P.M. _____

**Sunday _____ A.M. or P.M. _____

****Please note: Weekend volunteer opportunities are limited (primarily Friendly Visitors/Care Circles.)**

Previous Volunteer Experience (include related skills & qualifications and any experience with older adults):

SKILLS AND ABILITIES: (Please check any that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Computer programming |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Legal | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Education Coordination | <input type="checkbox"/> Handyman services |
| <input type="checkbox"/> Photography/Video | <input type="checkbox"/> Massage/Occupational Therapy | <input type="checkbox"/> Marketing/PR |
| <input type="checkbox"/> Pet Therapy | <input type="checkbox"/> Hair Stylist Services | <input type="checkbox"/> Event coordination |
| <input type="checkbox"/> Bilingual - Language: _____ | | <input type="checkbox"/> Other _____ |

By signing below:

-I confirm that all information contained in this application is accurate.

-If offered a volunteer position, I agree to a \$20 background check processing fee for: Meals on Wheels/Friendly Visitor/Care Circles, Internship, or the ADHC

-I agree to keep all identifying and personal information about Meals on Wheels OC clients confidential.

- As a volunteer for Meals on Wheels OC, I hereby release and hold harmless Meals on Wheels OC, the Board of Directors, and their officers, employees and agents from all actions, damages, injury, or claims which I or my affiliates may have against them which may be incurred as a result of my participation in the Volunteer Program.

Signature: _____ Date: _____