



VOLUNTEER APPLICATION

Please complete the following application to be added to our list of potential short-term volunteers. We will contact you as quickly as possible after receiving your application to discuss current volunteer opportunities. Applicants under 18 should complete the application themselves; their parent/guardian will have additional forms to complete.

CONTACT INFORMATION

Date of application: ___/___/___ How did you hear about Meals on Wheels OC? _____

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Preferred Phone Number: _____ - _____ - _____ Birth date (month/day): _____
(if under 18, please provide month/day/year)

Preferred method of contact: Call Text Email

Preferred pronouns: He/Him She/Her They/Them Other _____

SCHEDULE

Please complete the following section to the best of your knowledge. We understand that schedules change, please simply indicate when and how you would like to make yourself available, and we will do our best to accommodate.

****Please note:** Most of our short-term volunteer opportunities are M-F in the early morning/afternoon.

Available from ___/___/___ to ___/___/___ for a total of _____ days or week(s).

Please check the days of the week you would like to volunteer. If you are able, include the approximate time you would be able to arrive and depart on the days you have listed.

- Monday: Start _____ Finish _____
- Tuesday: Start _____ Finish _____
- Wednesday: Start _____ Finish _____
- Thursday: Start _____ Finish _____
- Friday: Start _____ Finish _____
- Saturday: Start _____ Finish _____
- Sunday: Start _____ Finish _____

***Saturday/Sunday Volunteer Opportunities are primarily available for Friendly Visitors*

Specific areas of interest:

Please check all that apply:

- Meals on Wheels (Home Delivered Meals)
- Senior Lunch Program (Congregate)
- Adult Day Care or Adult Day Health Care Centers (ADC/ADHC)
- Friendly Visitor/Caller or Wellness Caller
- Social Services or Administrative
- Other-Please list here: _____



GENERAL QUESTIONS:

* Why would you like to volunteer for Meals on Wheels OC?

*Our programs are based in North/Central OC; which cities are you open to?

* Do you need to complete a certain number of hours for a service project, internship, community service, etc.? **Yes or No** If yes, which school and/or program? _____

*Please note, we do not provide verification for court-ordered hours..

If yes, how many hours do you need? _____

If applying for an internship or are under age 18 please provide at least two REFERENCES:

(Please exclude relatives; must include at least one reference from an employer, teacher, or professional relationship.)

Name: _____ Phone Number: _____

Email Address: _____

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Email Address: _____

SKILL ASSESSMENT

* As a volunteer, what do you think your strengths are?

* What do you hope to gain from this volunteer experience with Meals on Wheels OC?

* Do you speak any languages other than English? If so, please list.

By signing below:

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

-If offered a position, I agree to a ~\$20 background check processing fee for positions as Meals on Wheels driver, Friendly Visitor, Internship, Social Services/Administrative, or position at the ADHC, or will provide Community SeniorServ, Inc., DBA Meals on Wheels OC with a background screening that was completed in the last six (6) months. (If under age 18, references will be called in lieu of conducting a background screening)

Signature: _____

Date: _____

Please complete this application and send/email to:

Meals on Wheels OC
1152 N. Knollwood Circle
Anaheim, CA 92801

or JValencia@MealsOnWheelsOC.org

For additional info you can also contact Janelle Valencia at (714) 864-3611

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