



Volunteer Application Form

3610 Macleod Trail S.E. Calgary, Alberta T2G 2P9
Phone: 403-243-2834 Fax: 403-243-8438
Email: volunteer@mealsonwheels.com
Website: www.mealsonwheels.com

OFFICE USE

Volunteer # _____

D.O.B. _____

Personal Information: (PLEASE PRINT)

1. Mr Ms Mrs Miss Specify: _____

Name: _____

Address: _____

Home #: _____

City/Province: _____ Postal Code: _____

Business #: _____

Email: _____

Cell #: _____

Would you like to receive information and quarterly newsletter by: **Email** yes no / **Mail** yes no

Would you like information on becoming a Member: yes no

2. Emergency Contact Name: _____ Contact Home: _____

Relationship: _____ Contact Cell: _____

3. References: Please list two (2) references - business and/or personal

1. Name _____ Phone # _____

2. Name _____ Phone # _____

Volunteer Preference: (Check off those that interest you)

Position: Meal Delivery _____ Kitchen Assistant Office Assistant Special Events

Location: Central NW NE SW SE

Available: Monday Tuesday Wednesday Thursday Friday Any day

Frequency: once a week every 2nd week once a month spare as per schedule

summer (May-Oct) winter (Oct-Apr) seasonal (i.e. Christmas/Easter)

Are you:

Retired: Company _____ Currently Employed: Company _____

Student: School _____ Worker Client: Agency _____

Other: Other _____ Adopt A Route: Corp./Church _____

Do you have a valid driver's license? yes no (License # _____) Do you own a vehicle? yes no

Designated Volunteer Program: Are you or your spouse a retiree or employee from a company with a designated volunteer program. Your volunteer hours may be eligible for a matching credit. If you are interested in finding out more let us know or contact your company representative.

OFFICE

USE Interview _____ Orientation _____ Training _____ Name Tag _____ Car Decal _____

