



Name (last) _____ (first) _____

Address _____ City _____ Zip _____

Cell Phone (required) _____ Home Phone _____

Email _____ Or regular mail _____ (for office mailings)

Date of Birth ____/____/____ Male ____ Female ____

Emergency Contact _____ Relationship _____ Phone _____

Personal Reference:

1. Name _____ Phone _____

Address _____ City/State/Zip _____

2. Name _____ Phone _____

Address _____ City/State/Zip _____

Previous Volunteer Work/Contact Person: _____

Day(s) Available: Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

Are you able to substitute? Yes ____ No ____

If you don't drive, you can be paired with a driver and help distribute food. Yes ____ No ____

If you are interested in being a volunteer driver, please provide the following information.

Valid New Jersey Driver's License Number _____

Auto Insurance Company _____

Make and Model of Vehicle _____

License Plate Number _____

There are other types of volunteer opportunities available at Meals on Wheels North Jersey. In order to best match your expertise and interests with our organization's needs, please provide the following information:

I am interested in the Friendly Visitor Program: ____ Yes ____ No

Areas of Expertise: *(Please circle all that apply)*

Advertising Law Banking Marketing Computer Programming Public Relations
Health Care Insurance Graphic Design Fundraising Book Keeping Photography

I am able to support the Meals on Wheels staff by (Please circle all that apply)

Scheduling Transportation Committees Telephone Work Clerical Work Fundraising

Signature _____ Date _____

Route # _____ *(office use only)*