



TORRANCE ♥ LOMITA MEALS ON WHEELS

MEALS
ON WHEELS

VOLUNTEER REGISTRATION

Orientation Date: _____

PRINT NAME: _____	SPOUSE: _____		
Last	First	M.I.	
ADDRESS: _____			
Street Number	Apt #	City	Zip
PHONE: _____	(____) _____	BIRTHDAY: _____	
Home	Work/Cell		
_____	_____	(____) _____	
Email Address	Emergency Contact Person	Their Daytime Phone No.	

<u>Areas of Interest:</u>	<input type="checkbox"/> Driver	<input type="checkbox"/> Rider	<input type="checkbox"/> Substitute Driver/Rider	<input type="checkbox"/> Tasks
	<input type="checkbox"/> Publicity	<input type="checkbox"/> Office	<input type="checkbox"/> Call for Subs	<input type="checkbox"/> Other skills _____

<u>Preferred Days:</u>	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
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EXPERIENCE:

Volunteer organizations: _____

Leadership positions held: _____

Work experience: _____

Where did you learn about us? _____

What languages do you speak, read, or write? _____

Any physical or medical limitations on ability to perform volunteer activities? _____

What hobbies or activities do you enjoy? _____

Drivers MUST show verification of auto insurance. Please complete the information below.	Revised 03/21 <input type="checkbox"/>	
Insurance Co. _____	Policy Number: _____	
Insurance Exp. Date: _____		
Driver's License No.: _____	Vehicle License No.: _____	Veh. Make/Year: _____
**Please provide a copy of your Driver's License		
***Please Note – Background checks may be required and can include internet data searches		