



Meals on Wheels of Greenville Volunteer Application

Please print clearly.

Title:

Mr. Mrs. Ms. Dr. Other _____

First name _____ **Last name** _____

Preferred name _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Phone number _____ Home Cell Work

Email address _____

Date of Birth ____/____/____ (we use to send birthday cards)

Emergency Contact:

Name _____ **Phone number** _____

Relationship:

Parent Sibling Spouse Partner Friend Other _____

Are you volunteering with an organization (work, school, church, etc)? Yes No

If yes, what is name of organization/school/church? _____

Volunteer Opportunities of Interest (check all that apply)

Meal Packing Meal Delivery Special Events Office Assistance

For delivery volunteers:

- Each day we have open routes, either due to volunteer cancellations or because the need exceeds the number of volunteers we have available. Would you like to receive our weekly email detailing open routes for your consideration? Yes No
- I understand I must provide a photo copy of my valid drivers license upon submission.
Initials: _____
- Name of insurance company _____ Exp Date _____

- Reminder preference: Text Phone Call Email

The following questions are for grant reporting purposes and are voluntary:

Gender

Male Female Nonbinary Prefer not to answer

Race or Origin

Black or African American Asian Hispanic, Latino, or Spanish origin American Indian or Alaska Native Native Hawaiian or Pacific Islander White Unknown

Other _____

Veteran

Yes No