



Edmonton Meals on Wheels
11111-103 Avenue
Edmonton, Alberta T5K 2P1
Telephone: 780-429-2020 **Fax:** 780-424-5561
Website: www.mealsonwheelsedmonton.org
Email: emow@mealsonwheelsedmonton.org

Personal Information

First Name _____ Last Name _____

Birth Country _____
(For Demographics Only)

Age Category: (please circle age group)
15 to 19, 20 to 36, 37 to 50, 51 to 66, 67 to 71, 72+

Address _____ City _____

Postal Code _____ E-mail _____

Home Telephone _____ Work Telephone _____

Cellular Phone _____ Fax _____

Emergency Contact Name _____ Relationship _____

Home Telephone _____ Work Telephone _____

1. Business Reference (If applying for driving position only) _____ Home Telephone _____

Relationship _____ Work Telephone _____

2. Personal Reference (If applying for driving position only) _____ Home Telephone _____

Relationship _____ Work Telephone _____

Special Skills or Training _____

Current or Previous Volunteer Activities _____

Why do you want to volunteer for Meals on Wheels? _____

Length of Time Commitment (please circle) 3 months 6 months as long as needed

How did you hear about Meals on Wheels Volunteer Opportunities?

- Newspaper
- Television
- Website
- Radio
- Other Agency
- Friend/Word of Mouth/Current MOW Volunteer
- Speaking Engagement
- Display
- Other (please specify)

Other Information

Do you have any conditions or limitations which require special accommodations? yes no
 *If yes, please explain.

Driver Applicants Only

Do you have a valid driver's license? yes no

Driver Applicants Only

Do you own a vehicle? yes no

Is your vehicle insured? yes no How many hours per week are you willing to contribute? _____

Volunteer Preferences

Please indicate your preferred days and times for volunteering with a ✓ in the appropriate box.

	Monday	Tuesday	Wednesday	Thursday	Friday
morning					
afternoon					

Please indicate the volunteer opportunities that interest you. Check as many boxes as you like.

Meal/Depot Delivery Kitchen Worker* Telephone Ambassador Spare
 Administrative Assistant Special Events Assistant

*Because of the vulnerable nature of the clients we serve, any applicant that may have a communicable disease is not recommended to apply as a Kitchen Worker.

Declaration

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that submitting my application does not guarantee my acceptance and I agree to participate in further screening to assist Edmonton Meals on Wheels in determining my suitability for any volunteer position. I also understand that any information I provide on this form will not be released to any other organizations or persons without my authorization.

I authorize Edmonton Meals on Wheels to contact the references I have provided in connection with this application. Initially or if necessary, over the course of time, I also agree to release my name and date of birth to the police department for security clearance purposes, and my emergency contacts if necessary. I consent to receive periodic correspondence, direct mail pieces and information in varying formats from Meals on Wheels.

Signature _____ Date _____

FOR OFFICE USE ONLY

Date of Interview: _____

Training Date: _____

Date of Clearance: _____

Date of Entry: _____

Identification Verified: _____

I.D. Issued: _____
(Drivers Only)

Location: _____

Address confirmed: _____