



Meals on Wheels of Durham Volunteer Application Form

406 Rigsbee Ave. Suite 101 Durham, NC 27701

919-667-9424 (Main) 919-667-9426 (Volunteer Line) 919-667-9458 (Fax)

Name _____ Employer _____

Address _____ City, St, Zip _____

Phone (Home) _____ (Work) _____ BirthDate _____

Drivers License # _____

Educational Background: (circle) High School College Graduate School PHD

Major Field of Study _____

Church/Civic/School Affiliations _____

Work Experience: (volunteer and paid):

Position	Organization	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you learn of our need for volunteers: _____

Emergency Contact: _____
Name & Relationship Phone

Present Meals on Wheels Activity (if any) _____

Days Available (circle) Monday Tuesday Wednesday Thursday Friday

Route A B C D E-Mill E F G H I J K L M O P Q R S T U W W-PS Orange

Frequency – 1 2 3 4 5 Times per Month Are you a Substitute Driver: Yes No

Date Volunteer Service Began: _____

Orientation Training Complete: _____
Date Volunteer Signature

Volunteer Coordinator Signature _____