

**APPLICATION**

Name:

 (as it appears on your Driver’s License)

Address:

Phone: Email:

Date of Birth:

Social Security #:

Due to the vulnerable populations we serve, a background check is required for all volunteers. Your social security number is required and Metro Meals on Wheels covers the cost of this service.

Driver’s License #: State Issued:

Do you have current automobile insurance? Yes\_\_\_\_ No \_\_\_\_

Volunteer drivers use their own car and must have their own automobile insurance. A copy

of your driver’s license will be taken during the volunteer orientation.

How did you learn about Volunteer Opportunities with Metro Meals on Wheels?

Previous Volunteer Experience:

How many hours per week would you like to volunteer?

Which days of the week are you most available?

Mon\_\_\_\_\_ Tue\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_

Applicant Signature Date

**Send Completed Application to Maria Guzman, Volunteer Coordinator:**

**Email:** **mguzman@metromealsonwheels.net**

**Fax: 208-321-0032**

 **Mail: Metro Meals on Wheels, P.O. Box 140334, Boise, ID, 83714**