



**Meals on Wheels of RI  
Home-Delivered Meal Program  
Volunteer Application**

Application Date: \_\_\_\_\_

**Contact Information**

Name:

\_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

DOB: \_\_\_\_\_

Are you employed? YES \_\_\_ NO \_\_\_

May we contact you there? YES \_\_\_ NO \_\_\_

Name of Employer: \_\_\_\_\_

Telephone: (Work) \_\_\_\_\_

## Volunteer Information

How did you hear about Meals on Wheels?

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Do you prefer to deliver meals in a certain community? YES \_\_\_ NO \_\_\_

If yes, where? \_\_\_\_\_

What are the best days for you to deliver meals? *(Circle all that apply)*

MONDAY      TUESDAY      WEDNESDAY      THURSDAY      FRIDAY

Are you available to substitute? (Be called to deliver meals on a day you are not scheduled to deliver) YES \_\_\_\_\_ NO \_\_\_\_\_ MAYBE \_\_\_\_\_

Are you volunteering with a partner? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name:

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Are you volunteering with a business/organization? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, name:

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## Vehicle Information

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ Plate No.: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Copy of valid driver's license provided? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please describe:

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### **Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ (home/cell)

### **References**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ (home/cell)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ (home/cell)

### **Please return application to:**

Osvalda "Ozzie" Silva,  
Volunteer Coordinator  
Meals on Wheels of RI, Inc.  
70 Bath St.  
Providence, RI 02908

[osilva@rimeals.org](mailto:osilva@rimeals.org)