

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



Application Date: _____

Personal & Contact Information:

Name:

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Cell Carrier: _____

Email: _____

DOB: _____ Gender/Preferred Pronouns: _____

Race/Ethnicity: _____ Primary Language: _____

Are you employed? YES NO

Are you retired? YES NO

Are you a veteran? YES NO

Describe your employment history:

Volunteering Data:

How did you hear about Meals on Wheels?

What keeps you motivated / how do you like to be recognized for your hard work?

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

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Are you available to be called in to substitute? (Be called to potentially deliver meals on a day you are not scheduled to deliver) YES NO

Are you volunteering with a partner? YES NO

If yes: name, pronouns and relationship to you:

Will your partner consent to a background check? YES NO

Are you volunteering with a business/organization? YES NO

If yes, name: _____

Vehicle Information

Make: _____ Model: _____ Year: _____

Color: _____ Plate No.: _____

Insurance Company: _____

Policy #: _____

Copy of valid driver's license provided? YES NO

Copy of car insurance policy provided? YES NO

Emergency Contact Information:

Name: _____ Relationship: _____

Address: _____

Telephone No. _____ (home/cell)

Consenting Information:

Do you consent to be contacted via: Text Email

Do you consent to Meals on Wheels/AmeriCorps Seniors to use your likeness in photograph(s)/video(s) in any publications or on the internet? YES NO

Do you consent to Meals on Wheels obtaining a background check? YES NO

Please return application to:

Wetherley Hundley
Senior Volunteer Coordinator
Meals on Wheels of RI, Inc.
70 Bath St.
Providence, RI 02908
whundley@rimeals.org