

**Lubbock Meals on Wheels  
Volunteer Application**

Name \_\_\_\_\_ Spouse \_\_\_\_\_

a.k.a. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_ Relationship to Volunteer: \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Name of organization you represent as a driver \_\_\_\_\_

Presently employed \_\_\_\_\_ If so by whom \_\_\_\_\_

List previous volunteer experience \_\_\_\_\_

Volunteer position for which you are applying:

Meal Delivery  Garden  Office  Kitchen  Fundraiser

Indicate days and times you would be able to volunteer.

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Weekends \_\_\_\_\_

Substitute  Permanent  When can you begin? \_\_\_\_\_

Indicate highest level of education attained \_\_\_\_\_

Indicate any languages you speak in addition to English \_\_\_\_\_

Have you been convicted of a felony or a crime involving moral turpitude?

Are you currently under indictment or do you have any criminal charges pending against you? \_\_\_\_\_

Do you have any physical or medical conditions of which Lubbock Meals on Wheels should be informed? \_\_\_\_\_

This information is true and correct to the best of my knowledge.

Volunteer Applicant's Full Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use:

Date Entered:

Initial: