

# CALEDON MEALS ON WHEELS VOLUNTEER APPLICATION FORM

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

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

Town / City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_ Birthday: \_\_\_\_\_

E-mail: \_\_\_\_\_

Driver's Licence # : \_\_\_\_\_

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1. How often are you able to volunteer with C.M.O.W. and which day?

Once a week \_\_\_\_\_ Once every 2 wks \_\_\_\_\_ Spare \_\_\_\_\_

2. Could you please provide us with 2 references (friends or neighbours for at least 3 years)

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Permission is given to you to contact these references.

3. Due to Ministry Guidelines a POLICE CHECK is required.

Date Received \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_