



of College Park

Volunteer Application

PERSONAL INFORMATION:

DATE: _____

Name: _____
Last First Middle

Address: _____
Street/Apartment

City/State County Zip

Contact Info: _____
(home phone) (cell phone)

(Email)

Emergency Contact: _____
Name Relationship

Home/Work Number Cell Number

DESIRED POSITION:

What areas are you willing to volunteer with?

Driver: _____ Assembler: _____ Food Prep: _____ Other: _____

AVAILABILITY:

When are you available to volunteer?

NOTES:

Mon ____:____ to ____:____ Thur ____:____ to ____:____

Tues ____:____ to ____:____ Fri ____:____ to ____:____

Wed ____:____ to ____:____ On Call Days? M T W Th F

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Last Name: _____

Have you traveled out of the country in the last 2 months? _____

Have you been sick or suffered any of these symptoms in the last 2 months –

Fever ☐ Cough ☐ Nausea ☐ Loss of taste/smell ☐ Tiredness ☐

Difficulty breathing ☐ Have you had COVID-19 vaccine? _____ Date(s) _____

Do you speak a language other than English? _____ Spanish ☐ ASL ☐ Other: _____

DOB (for reimbursement through RSVP – 55 years and older) _____

Do you have any experience, education, or certifications you would like to tell us about (feel free to continue on the back of form)? _____

Other volunteer experience? _____

Are you a military Vet? Yes _____ No _____ Branch of Service? _____

How did you hear about MOWCP? _____

Drivers Only:

Are you willing to submit to a background check? _____

Do you have current insurance on the car you will use? _____ **Please attach copy with this application.**

What is the expiration date on your current driver's license? _____ **Please attach copy with this application.**

APPLICANT – PLEASE DO NOT WRITE BELOW THIS LINE

MOW Notes:

Date Received: _____ *Route Assigned* _____ *Kitchen?* _____

Days: _____ *MOW Initials* _____

***Meals on Wheels of College Park, has a policy of non-discrimination in its services. No one shall be excluded on the basis of race, color, national origin, sex, gender, sexual orientation, religion, age, marital status, veteran and military status, or disability.**