TORRANCE ♥ LOMITA MEALS ON WHEELS

VOLUNTEER REGISTRATION

Start Date: _____

PRINT NAME: _____ SPOUSE: _____
Last First M.I.

ADDRESS: _____
Street Number Apt # City Zip

PHONE: _____ (_____)_____ BIRTHDAY: _____
Home Work/Cell

_____ _____ (____)_____
Your Email Address (if applicable) *Emergency Contact Person* *Their Daytime Phone No.*

Areas of Interest: ❑ Driver ❑ Rider ❑ Substitute Driver/Rider ❑ Office

❑ Publicity ❑ Recruitment ❑ Call for Subs ❑ Other_____

Preferred Days: ❑ Monday ❑ Tuesday ❑ Wednesday ❑ Thursday ❑ Friday

EXPERIENCE:

Volunteer organizations: _____

Leadership positions held: _____

Work experience: _____

Where did you learn about us?_____

In addition to English, what other languages do you speak, read or write? _____

Any physical or medical limitations on ability to perform volunteer activities? _____

What hobbies or activities do you enjoy? _____

Drivers MUST show verification of auto insurance. Please complete the information below. Revised 2/07

Insurance Co. _____ Policy Number: _____

Insurance Exp. Date: _____

Driver's License No.: _____ Vehicle License No.: _____ Veh. Make/Year: _____