

***I am Interested in Volunteering
with Meals on Wheels of Coweta, Inc. (MOWOC)***

Name (Last, First):		
Cell Phone:	Home Phone:	
Address:		
City, Zip:		
E-Mail Address:		
Group, Club, or Church (if joining as a team member):		
How did you hear about volunteering with MOWOC?		
Days, Weeks, and/or Hours Available: (Please check all that apply)		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> First week of the month <input type="checkbox"/> Second week of the month <input type="checkbox"/> Third week of the month <input type="checkbox"/> Fourth week of the month <input type="checkbox"/> Fifth week of the month	<input type="checkbox"/> Morning Specify time/hours: _____ <input type="checkbox"/> Mid-day Specify time/hours: _____ <input type="checkbox"/> Afternoon Specify time/hours: _____ <input type="checkbox"/> Other Specify time/hours: _____
Check Volunteer Position(s) Desired:	<input type="checkbox"/> Meal Delivery <input type="checkbox"/> Kitchen Assistant <input type="checkbox"/> Handyman <input type="checkbox"/> Friendly Visitor	Are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Applicant's Signature:		Date:

For Office Use Only

Volunteer Position Assigned: <input type="checkbox"/> MD <input type="checkbox"/> KA <input type="checkbox"/> HM <input type="checkbox"/> FV	If FV, Name of Client Assigned:	Begin Date:	End Date:
Route Number Assigned:	Days Assigned:	Training Date:	

Please mail this form to:
 Meals on Wheels of Coweta, Inc.
 P.O. Box 73437
 Newnan, GA 30271
 MOWOC Office Phone: 678-423-1700