

I Want to Volunteer With



| | | |
|---|--|---|
| 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 and Weeks Available: (check all that apply) | | Check Volunteer Positions(s) Desired: |
| <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"/> Meal Delivery <input type="checkbox"/> Kitchen Assistant <input type="checkbox"/> Handyman <input type="checkbox"/> Friendly Visitor <input type="checkbox"/> Pet Care Assistant |
| 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

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

Please mail (or e-mail) this form to:

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 Newnan, GA 30271
 MOWOC Office Phone: 678-423-1700
 e-mail: mowcoweta@numail.org