

SENIOR NUTRITION PROGRAM
MEALS ON WHEELS

VOLUNTEER APPLICATION

DATE: _____

NAME: _____ TELEPHONE _____

ADDRESS: _____

PLEASE CHECK THE VOLUNTEER DUTIES YOU WOULD PREFER:

DRIVER OFFICE SITE HOSTESS KITCHEN HELP

OTHER _____

PLEASE SUBMIT A COPY OF DRIVERS LICENSE & VEHICLE CERT. OF INSURANCE

PLEASE LIST YOUR WORK HISTORY (OCCUPATION) WHICH WILL HELP IN YOUR VOLUNTEER PLACEMENT

HOW MUCH TIME CAN YOU GIVE TO THE SENIOR NUTRITION PROGRAM?

HRS. HRS. HRS.
AS NEEDED WEEKLY MONTHLY

WHAT DAYS ARE YOU USUALLY ABLE TO VOLUNTEER?

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY
 HOLIDAYS/WEEKEND

WHICH LOCATION WOULD YOU LIKE TO VOLUNTEER AT?

HOWELL BRIGHTON PINCKNEY HARTLAND HAMBURG FOWLerville
 UNADILLA WALLED LAKE COMMERCE MILFORD NOVI WHITE LAKE
 HIGHLAND HOLLY KITCHEN OFFICE

HOW DID YOU HEAR ABOUT US?:

Please return your application to us by fax, e-mail, or at our office.
THANK YOU!
9525 E. Highland Rd., Howell, MI 48843
810-632-2155 Fax 810-632-2105
livwestoakmow@yahoo.com

