

North Penn Visiting Nurse Association
Meals On Wheels
51 Medical Campus Drive
Lansdale, PA 19446

Volunteer Application

Name _____ Date _____
Last First

Address _____

Telephone Number (_____) _____ Occupation/Former Occupation _____

Employer (if applicable) _____ Telephone# (_____) _____ Birth Date _____

Emergency Contact

Contact Person _____ Relationship _____ Telephone #(_____) _____

Contact Person _____ Relationship _____ Telephone #(_____) _____

Please tell us how you learned about volunteer opportunities _____

Please tell us about previous volunteer experience _____

Please provide us with the name and telephone number of a person or organization that we may contact for a reference (not a relative). _____

Meals on Wheels Volunteers Only:

I am a licensed driver, with a car. My driver's license information is:

Policy Number _____ License Number _____ Expiration Date _____

I am available to drive or be a visitor who will deliver meals 11 AM to 1 PM

- | | | | | | |
|---|--------|---------|-----------|----------|--------|
| <input type="checkbox"/> one day a week | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> one day every other week | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> one day a month | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> as needed | Monday | Tuesday | Wednesday | Thursday | Friday |

I am available to work in the kitchen to prepare meals for delivery 8:30 AM to 11 AM

- | | | | | | |
|---|--------|---------|-----------|----------|--------|
| <input type="checkbox"/> one day a week | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> one day every other week | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> one day a month | Monday | Tuesday | Wednesday | Thursday | Friday |
| <input type="checkbox"/> as needed | Monday | Tuesday | Wednesday | Thursday | Friday |

As a volunteer with the North Penn Visiting Nurse Association, I am aware that any information concerning the individual clients being served is to be held in strict confidence. As a volunteer, I understand that the North Penn Visiting Nurse Association, a charitable non-profit organization, cannot undertake financial responsibility for me for any accident in which I am involved while engaged in my volunteer duties. Therefore, I hereby release the North Penn Nursing Association, and any of their successors, from any liability for injuries I may incur in the performance of my volunteer duties for the North Penn Visiting Nurse Association.

Signature

Date