



Norristown: 536 George St. 610-275-1960

Glenside: 100 Edgehill Rd. 215-885-7650

Ambler 45 Forest Ave 215-619-8863

Assigned Route \_\_\_\_\_

Day(s) to deliver \_\_\_\_\_

## MOW VOLUNTEER APPLICATION

Please circle one: Mr. Mrs. Ms. Dr. Other \_\_\_\_\_ Date \_\_\_\_\_

Name (print) \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email address: \_\_\_\_\_

Telephone: h) \_\_\_\_\_ w) \_\_\_\_\_ c) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Telephone Number: \_\_\_\_\_

I am currently:

Employed \_\_\_\_\_ Homemaker \_\_\_\_\_ Retired \_\_\_\_\_

Student \_\_\_\_\_ School \_\_\_\_\_

Are you volunteering as a member of an organization? Yes \_\_\_ No \_\_\_

If yes, please tell us which one \_\_\_\_\_

Do you have a geographical preference for meal delivery? Yes \_\_\_ No \_\_\_

If yes, where do you prefer to deliver? \_\_\_\_\_

When are you available to volunteer? Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_

I am available to volunteer \_\_\_\_\_ times per month

Would you be willing to substitute? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which days are you available to substitute? \_\_\_\_\_

How did you hear about Meals-on-Wheels?

\_\_\_\_\_

Our insurance providers ask for a State Police Criminal check on volunteers to the homebound elderly. Montco SAAC will pay for it. We need the last 4 numbers of your Social Security number \_\_\_\_\_, date of birth \_\_\_\_\_ and maiden name \_\_\_\_\_.

Have you lived in Pennsylvania for the past 2 years? \_\_\_\_\_  
If not, a FBI Criminal Check will, also, be required.

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe

References:  
Please list names and phone numbers of personal references (no relatives)

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

**Automobile Insurance Information**

Do you plan to drive your own car? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following information:

Driver's License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Insurance Company's Name: \_\_\_\_\_

If I use my personal automobile in my volunteer service, I understand that I must keep automobile liability insurance in effect, equal to the minimum limits required by Pennsylvania. (Montco SAAC, Inc. and its insurance provider recommend that you carry 100K/300K liability limits on your personal auto policy.) I, also, understand that, if I am involved in an incident with my automobile, and I am at fault, it is my responsibility to take care of any financial consequences that might ensue. (Please initial \_\_\_\_\_)

With reference to driving, have you ever plead guilty or been convicted of any moving violations? \_\_\_\_\_

Print name: \_\_\_\_\_

Sign name: \_\_\_\_\_

Date: \_\_\_\_\_