



Foodnet Meals on Wheels Volunteer Application

Date: _____

Last Name _____

First Name _____ Preferred Pronoun: _____

Address: _____
Number Street City State Zip

Phone: _____ Email: _____

Volunteer Interests:

(Tell us which areas you are interested in volunteering with by circling all options that apply)

Foodnet office assistance – Phones, filing, data entry etc.

Off-site meal distribution assistance – Welcome diners and distribute hot meals as part of the congregate dining program.

Food Prep and Meal Packing- Assist with preparing and packing meals in the Foodnet kitchen.

Board of Directors*- Volunteer in a leadership capacity for Foodnet Meals on Wheels as a Board Member.

Board Committee*- Volunteer to serve on one of the four Foodnet Board Committees (not serving formally on the Board of Directors)

Notes for Neighbors- Volunteer to provide hand-written notes of encouragement for Foodnet clients to be included with meals by Foodnet staff.

Mac N Cheese Bowl (Annual Fundraising Event)- Participate as a volunteer (multiple roles available) in one of the most fun fundraising events ever!

How did you learn about volunteering at Foodnet?

If you are under 18 years of age, can you provide permission from a parent/guardian to volunteer? ☐ Yes
☐ No

Foodnet requires most volunteers to be at least 16 years of age.

As required by the Americans with Disabilities Act, do not answer this question unless you have been informed about the requirements of the volunteer role for which you are applying.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the volunteer role for which you have applied? ☐ Yes ☐ No

Availability

When are you available to volunteer? Check any times/days that apply.

Foodnet Meals on Wheels is open Monday- Friday between 7:30 am and 3:30 pm. Volunteers are needed at different times of the day, based on the position.

Monday Morning _____
Tuesday Morning _____
Wednesday Morning _____
Thursday Morning _____
Friday Morning _____

Monday Afternoon _____
Tuesday Afternoon _____
Tuesday Afternoon _____
Thursday Afternoon _____
Friday Afternoon _____

***Board and Committee Meetings take place on weekday evenings.**

Skills or Qualifications:

Tell us about your qualifications or skills from employment, past volunteering or experiences that align with Foodnet's mission and volunteering at the organization.

Previous Volunteer Experience.

What is your past volunteering experience?

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Relationship	
Preferred Pronouns	

References (optional)

List any contacts from previous volunteer roles.

1. Name: _____ Capacity Known: _____
Address: _____
Phone #: _____
2. Name: _____ Capacity Known: _____
Address: _____
Phone #: _____
3. Name: _____ Capacity Known: _____
Address: _____
Phone #: _____