

2021 VOLUNTEER APPLICATION

		FION: VOLUNTEER COORDINATOR/TYLER. Date:
Volunteer Profile	— to be completed by volunted	er applicant
		Last Name:ense or state photo identification card.)
Date of Birth:	Email Address:	
Home Address:		
City:	State: Zip Code:	
Daytime Home Phone:	Cell Phone:	
	or no) Currently Retired? (yes or no) What is / was your
How did you hear about be	coming a Meals on Wheels volunte	eer?
· ·	through or on behalf of an employe	er, church, school, or other organization,
Emergency Contacts		
		Relationship:
Name.	Daytime Phone	Relationship:
Signature Disclain	ner – to be completed by volu	ınteer applicant
volunteer status check. By complete this volunteer st database as well as the T Registry/Employee Miscor	y your signature, you are consenti atus check through the Departmen exas Department of Aging and Dis	are required by state statute to complete a ing to allow Meals on Wheels East Texas to it of Public Safety Criminal History Conviction sability Services specific to the Nurses' Aide th and Human Services. We appreciate your for Meals on Wheels East Texas!
Name (Please Print)	Signature	
	Date	
For Office Use Only Reviewed by Volunteer Coo	ordinator (signature/date):	

Volunteer Approved by Human Resources (Signature/Date): _____