

Edmond Mobile Meals Volunteer Information

Date: _____

Name: _____

If delivering meals, please list who (if anyone) will be driving with you? _____

Address: _____ Zip: _____

How long have you lived in Oklahoma? _____

Home Phone: _____ Cell Phone & Provider: _____

Work Phone: _____ e-mail (if checked regularly) _____

Emergency Contact Names: _____ # _____
(at least one)

_____ # _____

Please circle your availability:

Mon Tues Wed Thurs Fri Weekly Monthly Other _____

Sub? YES _____ NO _____ Reminder call or text the day before you volunteer? _____

Circle how you would like to volunteer?

Meal Preparation Driving & Meal Delivery Office Packaging Dessert Preparation Other _____

How did you hear about Mobile Meals? _____

Are you a member of LifeChurch.tv? (circle) YES NO

Please list 2 or 3 references (non-family):

_____ Tel # _____ Relationship _____

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I understand that all Client/Agency information is private and confidential and I agree to respect this confidentiality. I have been provided and agree to the terms in the Volunteer Handbook.

Date: _____ **Signature:** _____

THANK YOU for volunteering! You will make a difference.

OFFICE USE ONLY		
Entered in: _____ Volunteer Spreadsheet	Background Check: _____ Form Filled Out by Volunteer	_____ Volunteer Agreement
_____ Meal Software (if applicable)	_____ Submitted to OSBI	_____ Completed
_____ Driver Calendar/Cook Calendar	_____ Results Clear	