

CLAREMONT MEALS ON WHEELS APPLICATION FORM

845 East Bonita Avenue, Pomona, CA 91767

Attn: Volunteer Coordinator

909-621-4018

Last Name _____ First Name _____

Street Address _____ City _____ Zip _____

Telephone _____ Email _____

Beginning Date _____ Position Preference - (check below)

Day Captain _____ Intake _____ Packer _____ Driver _____

Navigator _____ Routing _____ Substitute _____ Other _____

Day Preference _____ 1st, 3rd, 5th Week _____

2nd, 4th Week _____

How did you hear about us? _____

In case of emergency, please contact _____

Telephone _____ Birthdate: Month _____ Day _____

Date leaving Meals on Wheels _____ Reason leaving _____

PLEASE READ AND SIGN

I have Bodily Injury Liability automobile insurance coverage of at least \$50,000 per accident. If at any time the above coverage changes, I will promptly advise Claremont Meals on Wheels.

I will not be a driver for Claremont Meals on Wheels _____ (initial)

Signature _____

Date _____

PLEASE READ AND SIGN

I have received and understand the training given to me in the Claremont Meals on Wheels "Safety Guide". I will report any hazards I observe and will practice safety myself.

Signature _____

Date _____