

**Nutrition Program**

**VOLUNTEER APPLICATION**

**Instructions:** Please furnish all information requested on this form. If you wish to supply additional education or work history information, attach a separate sheet. **Please type or print clearly.**

NAME \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ BIRTHDATE (OPTIONAL) \_\_\_\_\_

ARE YOU CURRENTLY VOLUNTEERING? WHERE? \_\_\_\_\_

IF YOU ARE A CURRENT VOLUNTEER FOR THIS PROGRAM, HOW MANY YEARS HAVE YOU BEEN VOLUNTEERING? \_\_\_\_\_

WOULD YOU LIKE TO VOLUNTEER AT THE CONGREGATE SITE? \_\_\_\_\_

WOULD YOU LIKE TO DELIVER HOME DELIVERED MEALS? \_\_\_\_\_

WHAT TOWN(S) WOULD YOU LIKE TO VOLUNTEER IN? \_\_\_\_\_

DO YOU HAVE SUGGESTIONS FOR EXPANDING THE VOLUNTEER PROGRAM? \_\_\_\_\_

DO YOU HAVE SUGGESTIONS FOR AWARDS, APPRECIATIONS, CERTIFICATES, OR CEREMONIES FOR OUR VOLUNTEERS? \_\_\_\_\_

- You must attach a completed Washington State Criminal History Background Inquiry form

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Nutrition Program**

**ADDENDUM TO VOLUNTEER APPLICATION**

For Volunteer Home Delivery Drivers Only

Name\_\_\_\_\_

As a volunteer driver for the Home Delivered Meal Program, your personal auto insurance is your primary coverage when you drive your car. For this reason we need the following information in our files and we ask that you update us if there are any changes.

1. Do you have a valid Washington State driver's license    yes\_\_\_\_    no\_\_\_\_  
License number\_\_\_\_\_

2. Do you have liability insurance on the car you drive?    Yes\_\_\_\_    no\_\_\_\_

Automobile insurance information:

Name of insurance company\_\_\_\_\_

Name of Insured\_\_\_\_\_

Policy Number\_\_\_\_\_

License number of vehicle covered\_\_\_\_\_

Liability limits\_\_\_\_\_

Expiration/Renewal date\_\_\_\_\_

- You must attach a copy of your current insurance card.
- You must attach a completed Washington State Criminal History Background Inquiry form