**Meals-On-Wheels Volunteer Application**

Thank you for your interest in volunteering for the Hanover Area Council of Churches Meals-On-Wheels Program. Please fill out the following information and return to the Council Office.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: □ Driver □ Packer

 □ Runner *(Check all that apply)*

Address:

Phone: (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Work) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_

Auto Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Co. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers/runners deliver Monday thru Friday, can you do 5 days/one week a month?\_\_\_\_\_\_\_

MOW packers work one day every week, would you be interested in helping? \_\_\_\_\_\_\_\_

Month or Months you would be willing to work. *(Please circle all that apply)*

Jan Feb Mar April May June July Aug Sept Oct Nov Dec

**P. O. Box 1561 … 136 Carlisle St…. Hanover, Pennsylvania 17331**

Can you work as a substitute in an emergency?  Yes  No

Name of person with whom you would like to work:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All information is confidential. May the Lord bless you abundantly for your work in His name.*