



VOLUNTEER APPLICATION

Date: _____

Volunteer Information

Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Preferred method of communication: Home Work Cell Email

Have you volunteered with us before? Yes No If yes, when? _____

Day(s) you are available: Monday Tuesday Wednesday Thursday Friday

Note: Driver, Depot workers & Box Cleaners are needed Monday, Wednesday and Friday

Additional Information

Date of Birth: Year _____ Month _____ Date _____

Languages Spoken (other than English): _____

Please indicate your status: Retired Employed Currently looking for work Not working

If working what is your occupation: _____

Employer: _____ Employer Phone: _____

Vehicle Information (Delivery Drivers and Bridge Drivers only)

Driver's License #: _____ Expiration Date: _____

Year / Make / Model of car: _____

Colour: _____ License Plate: _____

Volunteer Position Desired

- Meal Delivery Route Driver (*deliver meals to clients*)
- Bridge Driver (*pick up meals from caterer and deliver to Burnaby Meals on Wheels office*)
- Depot Worker (*provide support at caterer*)
- Box Cleaner (*clean and prepare meal delivery boxes*)



Please Attach the Following to Application (as required)

- Criminal record check
Upon starting your volunteer position, Burnaby Meals on Wheels will provide a letter for you to take to your local RCMP or Police Station (there should be no cost for this)
- Copy of driver abstract
Ask for this documentation at an ICBC outlet
- Copy of your current vehicle insurance
- Copy of your current resume

Reference (non family member)

Name: _____ **Phone:** _____
Relationship to you: _____ **How long have you know this person:** _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____
Phone: _____ **Relationship to you:** _____

Signature of Applicant

Date

OFFICE USE

Volunteer Start Date: _____

Volunteer End Date: _____