



BURNABY

MEALS ON WHEELS

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 _____ *volunteers must be 18 years of age

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*)
- Box Cleaner (*clean and prepare meal delivery boxes*)



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Please Attach the Following to Application (as required)

- Criminal record check
Online Link: <https://justice.gov.bc.ca/eCRC/> Access Code: CSM7TXPHS5
- Copy of driver abstract
<https://onlinebusiness.icbc.com/cli/>
- Copy of your current vehicle insurance

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: _____