



Location: 5901 Harper NE • Albuquerque, NM 87109
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VOLUNTEER DATA SHEET
Please return to Director of Client & Volunteer Services

NAME: _____ DATE _____

ADDRESS: _____ ZIP: _____

PHONE: _____ (H) _____ (W) BIRTH DATE _____

DRIVER / AUTOMOBILE INFORMATION

Driver's license #: _____ Expiration Date: _____

Primary car make : _____ Model: _____ Year: _____

Car license #: _____ Insurance company: _____

Policy number: _____ Expiration date: _____

EMERGENCY CONTACT / DOCTOR

Contact name: _____ Phone: _____

Doctor's name : _____ Phone: _____

REFERRED TO MOW BY: _____

If current MOW volunteer, what year did you begin volunteering? _____

OCCUPATION(S) / SKILLS: _____

CHURCH / CIVIC AFFILIATIONS: _____

Because so many of our clients are frail elderly, we have a responsibility to them to be selective about the individuals we send to their doors. Answering Yes does not necessarily disqualify you from volunteering.

Have you ever been convicted of a DWI? Yes No

Have you ever been convicted of a felony? Yes No

Please list two references, either agencies where you have volunteered to individuals:

Name: _____ Phone: _____

Name: _____ Phone: _____

(Turn Over For More Information)

Specific Volunteer Opportunities: (Please check those of interest to you)

_____ **Coordinators:** Come to the hospital office before the drivers, call the main office for client changes & pass changes on to drivers. They act as the interface between drivers, kitchen staff, and main office staff. Good people skills needed.

_____ **Drivers:** Pick up meals at hospital and deliver to clients on route. Also visit briefly with the clients if home and note their status. Report to the coordinator all clients not home, whose health seems to be declining, or problems encountered during delivery. Drivers may occasionally deliver gifts donated to the clients. Clients may also elect to pay the driver for their meals.

_____ **Kitchen Volunteers:** May assist staff with food preparation, cooking, serving, stocking supplies, cleanup. Some volunteers may also work in the kitchen office helping with data entry or organizing data for the next day.

_____ **Office Volunteers:** Answer phones and take client registrations over the phone. Volunteers will work with the staff to develop their own job descriptions.

_____ **Special Projects:** Usually short term projects or one day commitments. Volunteers may pick donations of candy or gifts for the clients, make phone calls to agencies in the community to gather information, tabulate results of questionnaires, etc. Work may be done at home or in the office depending on the project. Volunteers may also work with board committees under the direction of a board member.

On what days of the week can you volunteer? _____

Where do you currently volunteer? _____

Comments (what you really want to do as a volunteer, etc.): _____

I understand I will not be financially reimbursed by Meals on Wheels for my time or expenses while I am a volunteer. For liability reasons, persons not registered as volunteers with Meals on Wheels may not substitute for me. I assure Meals on Wheels all of the above information is accurate and truthful.

Signature of Volunteer