



Meals on Wheels
of Albuquerque

Location - 5901 Harper Dr. NE, Albuquerque, NM 87109
Mailing address - P.O Box 92614, Albuquerque, NM 87199-2614
Phone – 505-823-8060 FAX – 505-823-8066
www.mow-nm.org

VOLUNTEER DATA SHEET

Please return to Director of Client & Volunteer Services

NAME: _____ DATE _____

ADDRESS: _____ ZIP: _____

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

E-MAIL: _____

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: _____

OCCUPTAION(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 individual or agency references where you have volunteered before:

Name: _____ Phone: _____

Name: _____ Phone: _____

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

_____ **Coordinators:** Go to an assigned site office before the drivers, call the main office for client changes & pass changes on to drivers. They act as the interface between drivers and main office staff.

_____ **Drivers:** Pick up meals at assigned site 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:** May assist staff with food preparation, serving, stocking supplies, cleanup.

_____ **Kitchen Office:** Labeling sacks and lids for meals. Working with menus for clients.

_____ **Pet Program:** Package and deliver pet food to MOW clients one day a month.

_____ **Special Projects:** Usually short term projects or one day commitments.

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