



For office use only:
Start date: _____
Delivery days: _____
Route: _____

Meals on Wheels Volunteer Application

PLEASE PRINT

Are you volunteering as:

____ Corporation/organization. If so, please list _____
____ Individual

Name: _____

Address: _____

City, State, Zip _____

Daytime Phone: _____ Home Phone: _____

Cell Phone: _____ E-Mail _____

Driver's License number: _____ Expiration date: _____ Birthdate: _____ (month/day)

Insurance Company _____

Emergency contact person: _____ Phone number: _____

Employer or Retired from: _____

I would like to help with:

____ Meal Delivery ____ Office volunteer ____ Congregate Meal Site ____ Special Events

Are you available as a substitute driver, if needed? ____ Yes ____ No

If you plan to deliver with a partner please list their:

Name _____ Phone #: _____

How did you find out about our Meals on Wheels volunteer opportunities?

____ Media ____ Church bulletin ____ Corporate ____ Individual (Name: _____)

“Together We Can Deliver”

Meals on Wheels exists to nourish the elderly and/or homebound people in our communities

2701 SW East Circle Drive, South
Topeka, Kansas 66606-2434
(785) 295-3980
www.mowks.org



Volunteer Job Description

Job Title: Meal Delivery Volunteer

Objective:

To provide a hot, nutritious meal, personal contact and safety check to homebound individuals Monday through Friday.

Desirable Qualifications:

- Promptness and dependability- our clients are depending on you
- Reliable transportation
- An ability to deliver meals as scheduled
- An ability to respect each clients' right to privacy and confidentiality
- A positive attitude
- Allow for approximately one hour per route, once a week, once a month or somewhere in between

Responsibilities:

- Pick up meals at designated location. Routes are picked up between 10:45 and 11:30am depending on the location
- Deliver meals to clients as indicated on the route sheet, completing requested information on the route sheet as you go
- Act as a liaison between Meals on Wheels and our homebound clients
- Be courteous and friendly to all clients on your route. You may be the only person some of our clients see all day!
- Call the office if a client does not answer the door
- If you suspect a life threatening emergency has occurred or if your route is interrupted for any reason, please call the office
- Return delivery bags and completed route sheet to the pick up site
- Report to a MOW office any problems, unusual situations or major changes observed in a client's health or their environment by phone or on the route sheet

Benefits:

- Feel fabulous about helping people continue to live independently in their homes
- Know that your actions may have lifted someone's spirits and brighten someone's day
- Interact directly with the people that you serve
- Assist individuals to remain out of the hospital and avoid a premature nursing facility placement

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