Volunteer Application

Pickens County Meals on Wheels

349 Edgemont Avenue Liberty SC 29657 **864.855.3770** **www.pcmow.org**

Thank you for your interest in volunteering! Please complete this form and return it to our office. You will be contacted to talk more about your availability and to schedule volunteer training.

Date Applied:	
Contact Information	
Name	
Street Address	
City, ST, Zip Code	
Phone Numbers	(H) (C) (W)
Email Address	
Employer	
Birthday	
Gender	Male / Female
Church Affiliation	
How did you hear about PCMOW	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Phone Numbers	(H) (C) (W)
Email Address	

Driver's Only In the last ten years have you had a DUI or DWI?

Driver's Only Please attach a copy of your Driver's License and Insurance card to this application.

Availability

What days are you available for volunteering?

_____Monday _____Tuesday ____Wednesday ____Thursday ____Friday

Interests

Tell us in which areas you are interested in volunteering

____ Driver to Deliver Food ____Kitchen Help ____ Events/Activities ____ Office/Clerical ____ Fundraising

____ Special Projects ____ Photography ____ Scrapbooking

References - **Please list two references who know of your character and are not related to you**

Name _____ Phone _____Email_____

Name _____ Phone _____Email_____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that you would be willing to share.

Previous Volunteer Experience –Summarize your previous volunteer experience.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my dismissal.

Name (printed)	
Signature / Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Photo Release

I hereby authorize Pickens County Meals on Wheels to release any photographs taken of me for any purpose related to the promotion and well-being of Pickens County Meals on Wheels including, but not limited to newspapers, magazines, presentations and television.

Signed:_____Dated:_____

Thank you for completing this application form and for your interest in volunteering with Meals on Wheels.