



Meals On Wheels Volunteer Application

Date: _____

Where did you hear about this opportunity: _____

Name: _____
Last First MI Mr/Ms/Mrs etc

Address: _____
Street City Zip

Email: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Emergency Information

Note: In the event of an accident or illness while serving the Racine County Senior Nutrition Program, the person listed below will be called if necessary. In an emergency, the Rescue Squad will be called.

Name: _____ Relationship: _____

Address: _____

Phone: _____ Alternate Phone: _____

Volunteer Information

Are you applying to fulfill any school or church Requirements? Yes No

Affiliation: _____

If Yes, how many hours do you need to complete? _____ Date of Completion: _____

Are you applying for community service* hours Yes No

* If yes, please submit a letter of recommendation from your probation officer and their phone number.

If yes, please briefly describe the nature of your offence:

When are you available to Volunteer?

Monday Tuesday Wednesday Thursday Friday

Weekly Bi-Weekly Once a Month

Describe any prior Volunteer Experience:

Preferred Program:

Meals on Wheels

Senior Nutrition Program

Please list two references (no close relatives) that we may contact:

Name: _____ Address: _____
Street State Zip

Name: _____ Address: _____
Street State Zip

Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____
If under 18

Submit completed application to:

Racine County Senior Nutrition Program
2302 DeKoven Ave Office #10
Racine, WI 53403
Attn: Ruth Stauersbol

ruth.stauersbol@racinecounty.com
Fax: 262-898-1377

A background check is required to volunteer for Aging and Disability Resource Center Programs. Please visit <http://www.dhs.wisconsin.gov/caregiver> to download the Information Disclosure and Instructions Form.

This section must be completed if you are applying for Meals on Wheels:

Driver's License and Insurance Verification

The Aging and Disability Resource Center of Racine County assumes no responsibility for providing automobile insurance for volunteer drivers. It is the volunteer's responsibility to provide automobile insurance and have a valid driver's license while delivering meals for the Racine County Senior Nutrition Program.

Driver's License Number: _____ Expiration Date: _____

Auto Insurer: _____ Policy Number: _____

Have you had any traffic violations within the past 5 years? Yes No