



WASHINGTON TOWNSHIP Sr. Transportation

43 Schooley's Mt Road • Long Valley • NJ • 07853

Phone: 908-876-8623

Email: bmeola@wtmorris.net • website: www.wtmorris.org

Volunteer Application

Position Applying for: *Meals-On-Wheels Driver*

Date: _____

Name _____

Address _____

Home Phone #: _____ Cell Phone #: _____

Email Address: _____

Drivers License #: _____

Drivers License Issue Date: _____ Drivers License Expiration Date: _____

Emergency Contact: _____

Emergency Contact Phone #: _____

CPR Certified: Y or N

First Aid Certified: Y or N

Previous Volunteer Experience: (Include position held in organization, length of participation, etc.)

Experience with Volunteer Coordination: Y or N

Availability: (please circle all that apply) * Mondays *Wednesdays *Fridays

- 1-3 times per week -1 time per month

- 1 time per week -As needed

- Other: _____

Read and sign below: I hereby release Washington Township, any of its elected or appointed officials, employees, volunteers, and/or senior citizen clients from any and all liability from injuries, claims, demands, costs, loss of services, expenses or damages sustained by my participation as a volunteer. I give the Township of Washington the right to investigate the information I have provided.

Signature of Applicant _____

Date _____