

Meals on Wheels of Long Beach Volunteer Application



Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Age: Under 18 18-60 Over 60

I am interested in volunteering as a:

Driver Friendly Visitor

Food Packer Administrative

I am available:

Monday Tuesday Wednesday Thursday Friday

I would like to volunteer for the following location(s):

North East Downtown Main Office

Incase of emergency please notify: _____

Phone: _____

Relationship: _____

How did you learn about Meals on Wheels: _____

Have you ever been convicted of a felony? Yes No

Are you a student: Yes No

Can you be on call: Yes No

On call available days:

Monday Tuesday Wednesday Thursday Friday

Comments or other area of interest: _____

By applying as a volunteer, you are subject to a criminal background check

Please mail form to:
Meals on Wheels of Long Beach, Inc.
P. O. Box 15688
Long Beach CA 90815
Attn: Adriana Angon