

PROSPECTIVE VOLUNTEER APPLICATION

Meals on Wheels Program
Interfaith Neighbors, Inc.
810 Fourth Avenue, Asbury Park NJ 07712
Tel. 732-775-5155, ext. 227 * FAX 732-775-5422

PLEASE PRINT

Name _____ Miss ___ Ms. ___ Mrs. ___ Mr. ___

Address _____

Occupation/Job Title _____

Employer _____ How long? _____

Address of Employer _____

Education and Major Fields _____

Volunteer Experience and Dates of Service _____

Current Civic/Fraternal/Service Organization, clubs etc. and role you serve _____

With what areas of Monmouth County are you most familiar? _____

How did you hear about our program? _____

Have you ever been convicted of a crime? Yes ___ No ___ If yes, please describe _____

Where _____ When _____ Disposition _____

References (non-relatives):

1) _____

2) _____

Name Address Telephone No.

In case of emergency, please notify _____

Name Relationship Telephone No.

I HEREBY DECLARE that the information provided by me on this application is true, correct, and complete. I authorize Interfaith Neighbors to obtain background information regarding my driving and personal record and release Interfaith Neighbors from any liability regarding the use of this information. I do this willingly, knowingly, and as a voluntary act.

Signature _____ Date _____

ADDITIONAL INFORMATION/NOTES:

Day Phone No.

Cell Phone No.

E-mail Address

Date of Birth

Driver's License No. & State

License Plate No.

Vehicle & Year