

**PROSPECTIVE VOLUNTEER APPLICATION**

Meals on Wheels Program  
Interfaith Neighbors, Inc.  
810 Fourth Avenue, Asbury Park NJ 07712

Tel. 732-775-5155, ext. 205, 214 \* 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