

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 _____

Address _____

Occupation/Job Title _____

Employer _____

Address of Employer _____

Education _____

Volunteer Experience _____

Current Civic/Fraternal/Service Organization, Clubs _____

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 _____

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|------------------------------|
| Cell Phone No. |
| Day Phone No. |
| E-mail Address |
| Driver's License No. & State |
| License Plate No. |
| Vehicle & Year |