

GECAC Meals on Wheels of Erie County Volunteer Application



Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ Phone (Cell): _____

Email Address: _____ Date of Birth: _____

Preferred Method of Communication: ☐Phone ☐Email

How did you hear about us?

☐TV ☐Radio ☐Newspaper ☐Internet ☐Word of Mouth ☐Social Media ☐Other: _____

Volunteer Assignment Preferred: ☐Driver ☐Substitute Driver

Do you have a driver's license and insurance? ☐Yes ☐No

Will you use your own car? ☐Yes ☐No

Will you be volunteering with a partner? ☐Yes ☐No

Partner's Name: _____

Days Available: ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐All

Volunteer Area: ☐Albion ☐Corry ☐Erie ☐Fairview/Girard ☐Harborcreek ☐Millcreek ☐North East ☐Union City

Have you been convicted of a felony? ☐Yes ☐No

If yes, please explain: _____

The undersigned authorizes GECAC Meals on Wheels to secure any information from sources referred to or inferred herein or sources that the agency deems necessary to evaluate the undersigned's potential as a volunteer, including criminal background checks. I authorize the use of photos and videos of me taken during my volunteering.

Signature

Date

Please email your application to: ddonovan@gecac.org

Applications may be mailed to: GECAC Meals on Wheels
ATTN: Damali Donovan
18 West 9th Street
Erie, PA 16501