

GECAC Meals on Wheels 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

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

Area to Volunteer: 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 which the agency deems necessary to evaluate the undersigned potential as a volunteer, including criminal background checks. I give permission for photos and videos of me during the course of volunteering.

Signature

Date

Please email your application to: njohnson@gecac.org

Applications may be mailed to: **GECAC Meals on Wheels
Attn: Nicole Johnson
18 West 9th Street
Erie, PA 16501**