



Langley Meals on Wheels

20955 Old Yale Road
Langley, BC V3A 7P8
604.533.1679

Volunteer Application

Contact Information

Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

City: Click or tap here to enter text. Postal Code: Click or tap here to enter text.

Cell Number: Click or tap here to enter text. Home/Work #: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Volunteer Positions

I am interested in volunteering for the following positions:

- | | |
|---|---|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Food & Friends Program |
| <input type="checkbox"/> Meal Packer | <input type="checkbox"/> Aldergrove Community Station House (Miscellaneous) |
| <input type="checkbox"/> Sealer | <input type="checkbox"/> Office Volunteer |
| <input type="checkbox"/> Kitchen Prep/Helper | <input type="checkbox"/> Fundraising/Community Events |
| <input type="checkbox"/> Weekly Pickup of Food Donation | |

Checklist

- | | |
|--|--|
| <input type="checkbox"/> Have a valid driver's license | Required for Driver and Meal Packer positions |
| <input type="checkbox"/> Have valid car insurance | Required for Driver and Meal Packer positions |
| <input type="checkbox"/> Have a current Police Information Check | Required for all volunteers |
| <input type="checkbox"/> Have Food Safe Certificate | Preferred for Kitchen Prep/Helpers |

Previous Volunteer Experience

Click or tap here to enter text.

Availability

- Driver On call Regular route each week
 Monday Tuesday Wednesday Thursday Friday
- Meal Packer Monday Tuesday Wednesday Thursday Friday
- Sealer Monday Tuesday Wednesday Thursday Friday
- Kitchen Prep Monday Tuesday Wednesday Thursday Friday
- Office Volunteer Monday Tuesday Wednesday Thursday Friday
- ACSH Monday Tuesday Wednesday Thursday Friday
- Weekly P/U Food Monday Tuesday Wednesday Thursday Friday

I am available starting: [Click or tap to enter a date.](#)

Personal Information

Emergency Contact #1: [Click or tap here to enter text.](#)

Contact Number: [Click or tap here to enter text.](#) Relationship: [Click or tap here to enter text.](#)

Emergency Contact #2: [Click or tap here to enter text.](#)

Contact Number: [Click or tap here to enter text.](#) Relationship: [Click or tap here to enter text.](#)

Birthdate: [Click or tap here to enter text.](#)

Declaration

This portion needs to be completed at the Langley Meals on Wheels office at 20955 Old Yale Road, Langley, BC.

I understand that it is a requirement of Langley Meals on Wheels Services Society that I sign a confidentiality form. I agree to a Police Information Check to be considered for any of our volunteer positions.

Volunteer Signature

Date Signed

Witness Signature

Witnessed By