



# Langley Meals on Wheels

20414 Douglas Crescent  
Langley, BC V3A 4B4  
604.533.1679

## Volunteer Application

### Contact Information

Name:

Address:

City:

Postal Code:

Cell Number:

Home/Work #:

Email Address:

### 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"/> Boutique Finds               |
| <input type="checkbox"/> Sealer              | <input type="checkbox"/> Office Volunteer             |
| <input type="checkbox"/> Kitchen Prep/Helper | <input type="checkbox"/> Fundraising/Community Events |

### Checklist

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

### Previous Volunteer Experience

## 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
- Boutique Finds  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

I am available starting:

## Personal Information

Emergency Contact #1:

Relationship:

Contact Number:

Emergency Contact #2:

Relationship:

Contact Number:

Birthdate:

## Declaration

This portion needs to be completed at the Langley Meals on Wheels office at 20414 Douglas Crescent, 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