



WE ARE
Meals On Wheels
So no senior goes hungry.

9525 Highland Road Howell, MI 48843
810-632-2155 Fax 810-632-2105

VOLUNTEER APPLICATION

The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Date: _____

E-Mail address: _____

Name: _____

Telephone: (C) _____ Do you text? Yes / No (H) _____

Address: _____

City: _____ State: _____ Zip Code: _____

PLEASE INDICATE VOLUNTEER DUTIES YOU WOULD PREFER:

____ DRIVER (copy of driver's license and vehicle certificate of Insurance) ____ OFFICE
 ____ SITE HOSTESS ____ PACKING ____ OTHER: _____

Any special talents or skills that you have that would benefit our organization?

Please indicate days available: Mon. Tues. Wed. Thur. Fri.

Times available: _____ how often do you want to volunteer? _____

Any physical limitations? _____

Emergency contact: _____

As a volunteer of our organization I agree to abide by policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature _____ Date _____



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Paragon Management
3176 Pikewood Court
Commerce Twp., MI 48382

All of our volunteer and employees are requested to have a **BACKGROUND CHECK**

Please do a driver's license number check and/or police background check on the following individual:

Full Name _____ Date of Birth _____

Maiden Name / Other Last Name Used (if any): _____

Driver's License Number _____

Have you ever been convicted of a felony? _____

Have you had to participate in community service because of a court decision _____

I hereby authorize the release of the above requested information for both a driver's license check and police background check.

Your Signature _____

Date _____

MOW Person requesting information _____

PARAGON MANAGEMENT, INC.