

**North Tonawanda Meals on Wheels, Inc.**  
*Serving the Twin Cities since 1973*

100 Ridge Road  
No. Tonawanda, New York 14120  
Phone: (716) 693-1663

**Volunteer Application**

Please **PRINT** with **PEN**.

I would like to work as a volunteer : (Check <b>ALL</b> that apply:)		
Kitchen_____	Drive_____	Serve _____
8:00am - 11:30 am	10:45 am - 12:15 pm	10:45 am - 12:15 pm
	N.T. _____	N.T. _____
	Tona _____	Tona _____

Mr. Ms.  
Mrs. Misss \_\_\_\_\_  
Last Name First Name M.I.  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year (OPTIONAL)  
Name of person we should contact  
in case of emergency \_\_\_\_\_  
First name Last name  
Relationship to you \_\_\_\_\_ MORNING Phone number \_\_\_\_\_

How did you learn of our need for volunteers? \_\_\_\_\_

Which mornings of the week are you available ? (Circle all that apply)

Mon. Tues. Wed. Thurs. Fri.

Circle the mornings of week you are available for SUBSTITUTE work.

Mon. Tues. Wed. Thurs. Fri.

This application is for a VOLUNTEER position with N.T. Meals on Wheels. As a volunteer for N.T. Meals on Wheels, I understand that **NO "EXCESS LIABILITY INSURANCE"** is carried by N.T. Meals on Wheels over and above the insurance I, myself, carry on my vehicle or my person. I understand that N.T. Meals on Wheels accepts no responsibility in the event of an accident while performing volunteer services for them. I also do affirm that the state required auto insurance on my vehicle is current.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For our newsletter only:

Are you a U.S. Military veteran? \_\_\_\_\_ Which branch? \_\_\_\_\_ Which war(s)? \_\_\_\_\_

**BRING application to N.T. Meals on Wheels, for an interview**