



BLUE LEDGE Meals On Wheels
P.O. Box 1332
Amherst,, VA 24521
(434) 942-4864
coordinator@blueledge.org

Date _____

Name _____ DOB _____

Email _____ Phone _____

Days available to deliver meals: **M T W Th F any**

I would like to be a: _____ Regular Driver (same route, same day each week)

_____ Substitute Driver (on call, as needed when available)

Please tell us how you found out about Meals on Wheels _____

Place of Employment _____

Other Clubs/Organizations of which you are a Member _____

Also interested in: _____ Fundraising & Special Events

_____ Public Relations

_____ Volunteer Recruitment

_____ Serving on MOW Board of Directors

Please list 2 references, 1 personal, 1 professional (may use staff of another agency for which you volunteer, church, etc.)

1. _____

2. _____

Have you been, or do you stand to be, convicted of either a felony or a sex offense? NO _____ YES _____

BLUE LEDGE MOW will deliver meals to any homebound individual with a medical need for a home-delivered, nutritious lunch. Any person who has such a medical need and does not have anyone to assist in the preparation of meals is eligible. We do not discriminate based on any particular illness, age, race, religion, sex, or sexual orientation. Meals on Wheels will do everything in its power to respect client confidentiality and to ensure volunteer safety.

Please read and sign the following statement:

I understand that I may deliver meals to clients diagnosed with an infectious disease, or to clients who may have an infectious disease but not know it.

signature _____