

Volunteer Application

Pickens County Meals on Wheels

309 East Cedar Rock Rd.
PO Box 1162
Pickens, SC 29671
864-878-7650
www.pcmow.org

Thank you for your interest in volunteering! Please complete this form and return it to our office. Our Volunteer Coordinator will contact you to talk more about your availability and to schedule volunteer training.

Contact Information	Date Applied:
Name	
Street Address	
City, ST, Zip Code	
Home Phone	
Work Phone	
Employer	
Cell Phone	
Email Address	
Birthday	
Gender	Male / Female
Church Affiliation	
How did you hear about PCMOW	

Availability

What days are you available for volunteering?

Monday Tuesday Wednesday Thursday Friday Flexible

Interests

Tell us in which areas you are interested in volunteering

Driver to deliver food Events Office/Clerical Fundraising
 Volunteer Coordination Special Projects Photography Scrapbooking
 Mailings Other _____

References

Please list two references below

Name _____ Phone _____

Name _____ Phone _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that you would be willing to share.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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In the last ten years have you had a DUI or DWI? ___ yes ___ no

Person to Notify in Case of Emergency

Name	Phone
Name	Phone

Please attach a copy of your Drivers License and Insurance card to this application.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my dismissal.

Name (printed)	
Signature / Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Photo Release

I hereby authorize Pickens County Meals on Wheels to release any photographs taken of me for any purpose related to the promotion and well-being of Pickens County Meals on Wheels including, but not limited to newspapers, magazines, presentations and television.

Signed: _____ Dated: _____

For electronic submissions, signatures and copies of driver's license and insurance card will be obtained during volunteer training.

Thank you for completing this application form and for volunteering with us!