



# Manitouwadge Meals on Wheels

1 Health Care Cres  
Manitouwadge, ON, P0T 2C0  
Ph: (807) 826-3251 x 303 Amanda Held

## Santé Manitouwadge Health Meals on Wheels Program - Volunteer Application

1. Name \_\_\_\_\_  
Surname First

Address \_\_\_\_\_ P. O. Box # \_\_\_\_\_

Town \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email address \_\_\_\_\_

2. Title by which you prefer to be addressed, if any  
 Mr.       Miss       Mrs.       Ms.

3. Volunteer drivers come into contact with clients while delivering meals. Volunteers are required to pick up meals at the hospital's dietary department at a specified time (between 11:00 am and 11:20 am) and deliver the meals to the clients' home in the community. The volunteer is required to enter the clients' home (if necessary), deliver a meal, and return the used meal delivery trays to the dietary department at Manitouwadge Health. Do you feel comfortable performing these required activities? Please explain:

\_\_\_\_\_

\_\_\_\_\_

5. Next of Kin to be contacted in case of emergency:

\_\_\_\_\_

Surname First

Address \_\_\_\_\_

Town \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_



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6. Please circle the days you are available to volunteer. Meals are delivered between 11:15 and 12:30 pm from Monday through Friday.

Monday	Tuesday	Wednesday	Thursday	Friday
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Availability:     Weekly    Bi-weekly    Occasional

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7. Are you available to contact as a back up driver, should someone be ill or unable to cover their volunteer shift?    Yes     No
8. Spoken languages:    English    French    Other \_\_\_\_\_
9. Meals on Wheels drivers must have a G class license:  
(scan copy of license enclosed [office can scan this for you])

***Please be advised that in order to be considered as a volunteer driver for the Meals on Wheels Program, you are required to sign a confidentiality policy and submit a Criminal Record Check. Please contact the program coordinator if you need a letter of request for a Criminal Record Vulnerable Sector check to present to the OPP branch.***

I certify that to the best of my knowledge the above information is correct.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date (yy/mm/dd)

\_\_\_\_\_  
Amanda Held  
Program Coordinator