

Volunteer Application

Office # (562) 383-4221
101 W La Habra Blvd, La Habra, CA 90631



Volunteer Information

Name		
Phone	Cell:	Home:
E-Mail Address		
Street Address		

Availability

Preference of weekdays:

1st choice: _____ 2nd choice: _____ 3rd choice: _____

No Preference _____

Please circle one:

Choose Volunteer Frequency: Weekly Bi-week Monthly

Are you willing to substitute on short notice (ex. morning of)? Yes/No

Are you Willing to: Drive Yes/No Assist Partner Yes/No

May we contact you as early as 9am? Yes/No

Do you prefer communication by e-mail or phone?

Reason for volunteering _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Date	
Volunteer Name (printed)	
Signature	
Staff intake Name	

Our Policy

It is the policy of this non-profit organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with us. If you are unable to volunteer on scheduled day, please e-mail/call the office during business hours at least one day before to allow us to locate a substitute.

Driver's License and Proof of Insurance is required

Please contact office if there are any changes to the above information.

Thank you for volunteering with La Habra Meals on Wheels!