



Sun City Meals on Wheels, Inc.  
P.O. Box 1842, Sun City 85372  
623-974-9430  
New Volunteer Information

First and last name to appear on your badge. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone number(s): \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_ Date of birth \_\_\_\_\_

Local emergency contact (name & phone) \_\_\_\_\_

Who has your house key? (name & phone)  
\_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_

Automobile Liability Insurance (show card to trainer) Company \_\_\_\_\_ Expires \_\_\_\_\_

Will you be a DRIVER or RUNNER or BOTH or DAY CHAIR? Circle one or more.

Circle the days that you are available for a PERMANENT ROUTE when one becomes available.

M T W Th Fr Sa Su

Circle the days that you are available to volunteer as a SUBSTITUTE.

M T W Th Fr Sa Su

Circle the days that you are available to substitute as the DAY CHAIR.

M T W Th Fr Sa Su

If you are a SNOWBIRD, list the approximate dates you will be unavailable, eg 5/1 - 9/1.  
\_\_\_\_\_

I am aware that while volunteering with Sun City Meals on Wheels, I may be exposed to certain risks associated with driving to deliver meals at a client's home. I hereby agree that I assume sole responsibility for my own safety and will hold neither the Sun City Meals on Wheels, Inc. nor any individual member liable in any way or under any condition for any accident resulting in injury to myself or damage to any of my property.

I understand that if I deliberately ignore the rules of the volunteer position I will be asked to resign.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Trainer Signature

\_\_\_\_\_  
Date