



Galveston Island Meals on Wheels, Inc. Volunteer Application

Date of application _____

First Name _____ Middle Initial _____ Last Name _____

Date of Birth _____ Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail address _____

Are you volunteering as part of a church or group organization? **Yes** **No**

If so, name of church or organization: _____

Church/organization contact phone: _____

Are you available to volunteer on a regular (weekly) basis: **Yes** **No**

Are you available to volunteer as a substitute: **Yes** **No**

What days of the week are you available to volunteer? _____

How did you hear about GIMOW? _____

Current Texas driver's license # _____

I currently have, and agree to maintain, automobile insurance **Yes** **No**

Name of Insurance company _____

Have you been convicted of a felony in the past 5 years: **Yes** **No**

I give permission for GIMOW to perform a background check: **Yes** **No**

By signing below, I acknowledge that I have read and agree to abide by the GIMOW Volunteer Handbook and have answered all of the above questions truthfully. I also agree to a background check that may include criminal history, employment review, driving record, license verification and social media review.

Signature of applicant _____ Date _____

For internal use only

Oriented by _____ Date: _____

Additional information _____