VOLUNTEER APPLICATION / INFORMATION FORM

Name ____________________________  Date __________________

Mailing Address _____________________________________________________________________________

Phone ____________________________  DOB __________________

Volunteer Interests:
- Meals on Wheels Delivery
- Escort
- Kitchen/Site Helper
- Adult Day Care helper
- Receptionist
- Companion
- Entertainment
- Clerical
- Crafts
- Bingo Helper

Special training, skills, or hobbies: _____________________________________________________________

Please complete the information below if you are currently under the care of a physician?

Physician’s Name: ____________________________  Phone: __________________

If you will be using your vehicle to perform your volunteer duties, please supply us with the following information.

Vehicle Insurance Carrier: ____________________________  Policy #: __________________

AVAILABILITY: Please complete the chart below by checking the weekday(s) and appropriate time frame that you would be available to perform your duties.

<table>
<thead>
<tr>
<th></th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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<tbody>
<tr>
<td>Morning</td>
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<tr>
<td>Afternoon</td>
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</tbody>
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In case of emergency contact: ____________________________  Phone: __________________

Site Locations:
- George Wickline Center
- Flagler County Social Services/Adult Day Care Center

Palm Coast, FL  32164

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