



Pomona District Meals on Wheels Inc.

PO Box 295
POMONA QLD 4568

ABN 38 548 684 292

Phone 5485 1777
Email admin@mowp.org.au

VOLUNTEER FORM

Thank you for offering to help at Pomona Meals on Wheels. All information collected in this form is confidential and will not be provided or made available to any other person or organization.

Surname.....First Name.....

Preferred Name.....Title.....Date of Birth.....

Address.....

Telephone.....Mobile.....

e-mail.....

Drivers Licence No.....Expiry Date.....Car Registration.....

Do you have comprehensive Insurance? Yes/No

Days Available

Monday.....Wednesday.....Friday.....

Commencement Date.....Blue Card No.....Expiry Date.....

Please indicate the type of work you would prefer:

Office.....Kitchen.....Delivery.....

Is there anything you prefer **NOT** to do?.....

Do you have any health problems that we should be aware of? (e.g. bad back/allergies)

Are you less than 85 years of age?

*Please note: Once you attain the age of 85 years you are no longer covered by Meals on Wheels personal or vehicle accident insurance.

Signature.....Date.....