



**MEALS on WHEELS**  
**WALKER COUNTY, TX**

**Volunteer Route Driver Application**

**Personal Information**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ text? Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contact:**

Name/Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Driver Information: Do you have a valid driver's license?  Yes  No State/License #: \_\_\_\_\_

Do you have current vehicle insurance?  Yes  No Vehicle Make/Model: \_\_\_\_\_

**Availability:**

**Days Available (check all that apply):**

Monday  Tuesday  Wednesday  Thursday  Friday

**Preferred Delivery Time:**

7:00-9:00AM) (Mondays only)

9:30-11:00am (M-F)

**Experience or Relevant Information**

Do you have any experience with volunteering or working with seniors? \_\_\_\_\_

Any physical limitations or health concerns we should be aware of? \_\_\_\_\_

**Acknowledgment and Agreement**

I certify that the information I have provided is true and complete to the best of my knowledge. I understand that as a volunteer driver, I must follow all safety and confidentiality guidelines. A background check may be required. Please provide a copy of your valid driver's license and current auto insurance card.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_