

The Meeting Place  
75 Carmel Lane  
Columbus, NC 29722

**Volunteer Application**

All personally identifiable information on this form is confidential and for The Meeting Place's use only.

All volunteers must complete and **sign** this application and submit it to the office or program coordinator before beginning to volunteer.

Name: \_\_\_\_\_  
Last first middle initial

Phone No. (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home work mobile

Mailing Address \_\_\_\_\_  
City State Zip

Male or Female Birthdate: \_\_\_\_\_ Age Group: under 60 over 60

Email Address: \_\_\_\_\_ Current/former occupation: \_\_\_\_\_

**OPTIONAL:** Ethnicity: \_\_\_African American \_\_\_White \_\_\_Hispanic \_\_\_Asian \_\_\_Other

Other than English, what language(s) do you speak? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

The Meeting Place needs volunteers to do the following jobs. Check all areas where you are willing to help:

- \_\_\_ MOW Driver: delivers meals to clients
- \_\_\_ MOW Substitute Driver: fill in for regular volunteers
- \_\_\_ Operations: office tasks/ receptionist
- \_\_\_ Volunteer Services: volunteer recruiting and marketing
- \_\_\_ Fundraising: volunteer at fundraising events
- \_\_\_ Instructor: volunteer to teach a class

What days are you available (circle): Monday Tuesday Wednesday Thursday Friday

How did you hear about The Meeting Place? \_\_\_\_\_

Please list the organization(s) where you currently volunteer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Background Verification**

Have you ever been convicted of a felony?                    \_\_\_ YES                    \_\_\_ NO  
(Conviction may not disqualify you from volunteering)

Do you have a current Driver's License?                    \_\_\_ YES                    \_\_\_ NO

➤ If you are volunteering to be a **DRIVER**, please complete this section:

Do you have auto insurance?                    \_\_\_ YES                    \_\_\_ NO

Do you understand volunteers drivers are not  
compensated for their service?                    \_\_\_ YES                    \_\_\_ NO

Do you understand that your insurance is primary  
in the event of an accident or Injury?                    \_\_\_ YES                    \_\_\_ NO

➤ If you are currently a **STUDENT**, please complete this section:

School you attend: \_\_\_\_\_ Phone No. \_\_\_\_\_ Age: \_\_\_\_\_

Name of Guardian (if under 18): \_\_\_\_\_ Phone No. \_\_\_\_\_

➤ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Office Use Only

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_ Start Date: \_\_\_\_\_