



APPLICATION FORM

Please fill out the following questionnaire so that we might best be able to benefit from your volunteer time allowance. This and all information will be kept confidential.

Date: _____

Name: _____

Address: _____ City: _____

Day Phone: _____ Evening Phone: _____

Best Time to Call: _____ A.M. _____ P.M.

Marital Status: M W S D Age: _____

If Employed, Where? : _____ Occupation: _____

Hobbies, interests, special skills: _____

Do you have use/own a car? Y N Have Auto Insurance: Y N

Do you have any problems dealing with senior citizens? Y N

Except for minor traffic offenses, have you ever been convicted of a felony? Y N

Where did you learn of our program?: Newspaper Friend Flyer Other

What has prompted your interest in the "Meals on Wheels" program?: _____

Can you recommend others who may be interested in being a driver or runner for "Meals on Wheels"?		
Name	address	phone
Name	address	phone

LAKE CITY SENIOR CENTER, INC.
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