

La Verne / San Dimas Meals on Wheels

P.O. Box 7821, La Verne, CA 91750 ~ (909) 596-1828

www.mealsonwheelslvsd.org

Volunteer application form

Last Name _____ First Name _____

Street Address _____ Space / Apt# _____

City _____ Zip _____ Phone _____

Cell Phone _____ Email _____

Emergency / Beneficiary* Contact _____

Relationship _____ Phone _____

*Those 55 or older qualify for free membership in the Retired & Senior Volunteer Program. Special activities are available to members. Also, RSVP insurance coverage includes a survivor clause in the amount of \$2,500 in the event that an accident during your volunteer service results in your death.

I am/I wish to become a member of RSVP. Birth Date _____

PLEASE READ AND SIGN

I have received and understand the training given to me at the La Verne / San Dimas Meals on Wheels and received the safety guide. I will report any hazards I observe and will practice safety myself.

If you can be a driver:

I have Bodily Injury Liability automobile insurance coverage of at least \$50,000 per accident. If at any time the above coverage changes, I will promptly advise La Verne / San Dimas Meals on Wheels.

Driver's License No. _____ Expiration Date _____

Or: I will not be a driver for Meals on Wheels .

Signature _____ Date _____

Driver Navigator

Mon Tue Wed Thu Fri

Substitute only Available to do support services