

**Mobile Meals Volunteer Driver Application**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

I prefer to receive my newsletter via email - Yes \_\_\_\_\_ No \_\_\_\_\_

Email addresses are confidential and emails are sent via Blind Copy

Please provide three references we may contact.

Name	Phone number	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you have a valid Driver's License? Yes \_\_\_ No \_\_\_ State \_\_\_\_\_

Driver's License # \_\_\_\_\_

Do you have insurance on your vehicle? \_\_\_\_\_

Do you understand that Mobile Meals does not reimburse you for gasoline? \_\_\_\_\_

Are you willing to let Mobile Meals contact the Washington State Patrol for a background check?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

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

Signature \_\_\_\_\_