

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 _____