



I want to VOLUNTEER with Fort Bend Seniors Meals on Wheels! Student Application

Updated 04-2015

FOR OFFICE USE ONLY	
Orientation Date:	_____
Start Date:	_____
Affiliation:	_____
Assignment/Route:	_____

Personal Information (Please Print Clearly)

_____ Gender: MALE FEMALE
 Name (first and last) Date of Birth (dd/mm/yyyy)

_____ City State Zip
 Street

Daytime Phone: () _____ - _____ Email Address _____

Emergency Contact:

_____ Daytime Phone () _____ - _____
 Name (first and last)

I am especially interested in:

- Meals on Wheels Delivery
- Meal Packing (pack meals at one of our distribution centers)

Special Talents: _____

School You Attend: _____

Mail Completed Form To:
 Fort Bend Seniors Meals on Wheels
 Attention: Volunteer Department
 1330 Band Road; P.O. Box 1488, Rosenberg, TX 77471
 Email to: volunteer@fortbendseniors.org OR Fax to: 281-633-7050

Hot meals and warm smiles....that's what we deliver!!!

AFTER YOUR VOLUNTEER EXPERIENCE, DROP ME AN EMAIL AND SHARE YOUR STORY. I AM ALWAYS INTERESTED IN KNOWING HOW WE MADE A DIFFERENCE IN THE LIFE OF A SENIOR.

DID YOU EXPERIENCE SOMETHING THAT WE NEED TO TWEAK OR CHANGE? LET ME KNOW THAT TOO!!

Thank you for completing this application form and for your interest in volunteering with us.