



MEALS ON WHEELS

OF KINGSPORT

MORE THAN JUST A MEAL

VOLUNTEER APPLICATION

Are you volunteering as:

Corporation/organization. If so, please list _____

Individual

Name: _____

Address: _____

City, State, Zip _____

Daytime Phone: _____ Home Phone: _____

Cell Phone: _____ E-Mail: _____

Employer or Retired from: _____

I would like to help with: Meal Delivery Cooking

Which day of the week is best for you to deliver or cook? _____

(Note: we schedule you for one day a month unless additional days are requested)

Are you available as a substitute driver, if needed? Yes No

If you plan to deliver with a partner please list their:

Name: _____ Phone #: _____

How did you find out about our Meals on Wheels volunteer opportunities?

Media web site facebook

Individual (Name: _____)

Meals on Wheels provides a hot, nutritious meal, personal contact and safety check to homebound individuals Monday through Friday.

**P. O. Box 3346
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(423)-247-4511

www.mealsonwheelskingsport.org