



## Meals On Wheels Delaware

### *Foodie Friends Application Form*

#### **Contact Information**

Name: \_\_\_\_\_ Sex: M F (circle one) Birthday: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

#### **General Information**

How did you hear about Foodie Friends? \_\_\_\_\_

Have you ever done work at a non-profit before? If so, which one and what did you do? \_\_\_\_\_

\_\_\_\_\_

What type of work are you looking to do at Foodie Friends? \_\_\_\_\_

\_\_\_\_\_

Please list any hobbies or interests you may have: \_\_\_\_\_

What days of the week are best for meetings? \_\_\_\_\_

#### **In Case of an Emergency**

Contact's Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Contact's Phone Number: \_\_\_\_\_

Medical Information MOWD should know about: \_\_\_\_\_