



## HOME DELIVERED MEALS VOLUNTEER RE-REGISTRATION

Please fill out this form in its entirety. Clear and accurate completion of this sheet will help in the continued success of our programs. All volunteers are subject to a background check prior to volunteering with the Geauga County Department on Aging. Volunteers may be dismissed from duties at any time. By signing, I agree to conform to the rules and regulations set forth by the Geauga County Department on Aging to the best of my ability.

I agree to respect the confidential nature of my personal contacts with clients.

For questions or comments concerning volunteer opportunities, call:

(440) 279-2138 or (440) 279-2130

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  
(As Appears on Driver's License)

**Driver's License Number:** \_\_\_\_\_

**Any changes in contact information?**

NO (if NO, please sign and return)     YES (if YES, sign and please update below)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### PLEASE FILL OUT WITH ANY UPDATED INFORMATION

**Home Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
(If Different From Above)

**Day/Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E- mail:** \_\_\_\_\_

**Preferred Method of Contact:**     Cell Phone     Day/Work Phone     Email

### Emergency Phone Contact:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Willing to Sub:**     YES     NO

**Days Available:**     Monday     Tuesday     Wednesday     Thursday     Friday

**Area Willing to Drive:**     Burton     Chardon     Chesterland/Russell     Huntsburg/Montville

Middlefield     Newbury     Thompson