



901 Polk Valley Road  
Stroudsburg, PA 18360  
570.424.8794  
lraudabaugh@monroemeals.org

## Group Volunteer Application

Group Coordinator Contact Information	
Name	
Street Address	
City, State, Zip Code	
Home/Cell Phone	/
Work Phone	
Email Address	

Preferred Contact (check one):     Text     Email     Phone (Home)     Phone (Cell)     Phone (Work)

### Insurance Information

<b>Insurance Policy #:</b>		<b>Expiration Date:</b>	
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**Please provide a copy of your organization’s auto insurance declaration page with this application.**  
Note that the declaration page is not the document you carry in your car. It is part of your policy and reflects your liability coverage.

**If volunteers from your organization will be using personal vehicles, drivers will be required to provide a copy of their personal auto insurance declaration page** and have sufficient liability coverage.

**All volunteers will also be required to provide a copy of their driver’s license.**

### Availability

Please check all that apply:     Mon     Tues     Wed     Thurs     Fri     No preference

Preferred date(s): \_\_\_\_\_

**Note that 3-4 weeks’ notice is required to schedule meal delivery opportunities for large groups.**

### Interests

- Cleaning Containers (Mon-Fri, 11:00-3:00)       Meal Delivery (Mon-Fri, 10:00-1:00)  
 Pet Food Delivery (Sat & Sun)       Pantry Box Delivery (3<sup>rd</sup> Tues, 1:00-3:00)

**Interested Volunteers**

**All participating volunteers will be required to complete a separate application form and be subject to a criminal background check. All drivers must provide a copy of their driver’s license.**

Name	
Home/Cell Phone	/
Work Phone	
Email Address	

Name	
Home/Cell Phone	/
Work Phone	
Email Address	

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Name	
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Work Phone	
Email Address	

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Work Phone	
Email Address	

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Completed Applications**

Completed applications can be returned to the Monroe County Meals on Wheels office, via email to [lrudabaugh@monroemeals.org](mailto:lrudabaugh@monroemeals.org), by fax to 570-227-1340, or by mail to:

**Monroe County Meals on Wheels  
901 Polk Valley Road  
Stroudsburg, PA 18360**

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