



LA JOLLA MEALS ON WHEELS
9888 Genesee Avenue, La Jolla CA 92037
gljmow@att.net (858) 452-0391

VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____ **CELL PHONE:** _____

INDICATE PREFERENCE: RIDER _____ **DRIVER** _____

Please indicate your preferred day:

Days: **MON.** _____ **TUES.** _____ **WED.** _____ **THURS.** _____ **FRI.** _____

TEAM PARTNER (IF ANY): _____ **PHONE:** _____

DRIVER'S LICENSE NUMBER _____ **EXPIRES:** _____

AUTOMOBILE INSURANCE CARRIER: _____

I/WE CARRY AUTO LIABILITY COVERAGE FOR \$300,000 OR MORE

I waive any claim for damage which I may have against La Jolla Meals on Wheels, its officers, member of its Board of Directors, agents and volunteers for any act or failure to act of any of the aforementioned resulting in injury or damage to me or to my property.

DATE:

SIGNATURE:
