

**BLUE LEDGE
MEALS ON WHEELS**

P.O. Box 1332
Amherst, VA 24521
(434) 942-4864
coordinator@blueledge.org



VOLUNTEER APPLICATION

For Blue Ledge Use Only
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Date of Application _____
Beginning Date _____
Route _____

Name _____ Male___ Female___

Street Address _____

City _____ Zip _____

Mailing Address _____

City _____ Zip _____

Phone _____ Date of Birth _____

Email Address _____

Place of employment (if employed) _____

How did you hear about Blue Ledge? _____

Please list a reference (personal or professional such as staff at work, civic organization, church):

Have you been, or do you stand to be, convicted of either a felony or a sex offense? NO ___ YES ___

Please read and sign the following:

Although Blue Ledge will do everything in its power to ensure volunteer safety, I understand that I may deliver meals to clients who may have an infectious disease.

Signature: _____

FOR SPECIFIC ROUT DETAILS, PLEASE SEE THE WEBSITE www.blueledge.org OR CALL TAMMY (434)942-4864

I would like to be a: Driver every week ___ Driver 1ST & 3RD week ___ Driver 2ND & 4TH week ___

Substitute Driver ___

on: M ___ T ___ W ___ Th ___ F ___

For: an Amherst route at end of day ___ Lowesville or Warrick Barn/151 Route at noon ___