

Volunteer Registration Form



Meals on Wheels
Tasmania

Contact Details

Full Name			
D.O.B			
Residential Address	Suburb		P/code
Postal Address (if different from above)			
Phone			
Email			

Vehicle and Licence Checks

Vehicle Registration	#	Exp:	
Driver's Licence	#	Issuing state:	Exp:
Insurance (please circle)	Comprehensive	Fire/Theft ¹	Third Party ¹
	Provider:		
	Policy #:	Exp:	
Police Check or Working With Vulnerable People Card (please circle)	Ref#	Exp:	
Lived in a country other than Australia?	YES	NO	if YES, how long ago?

Emergency Contact Details

Emergency Contact 1

Name		Relationship	
Address			
Phone		Email	

Emergency Contact 2

Name		Relationship	
Address			
Phone		Email	

Availability (please circle) Regular hours approx. 9.30am – 12.30pm

How often would you like to volunteer?	Weekly	Fortnightly	Monthly		
What days are you available?	Monday	Tuesday	Wednesday	Thursday	Friday
Are you available at short notice if another volunteer can't make it?	YES	NO			

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Preferred Location (please circle)				
North West	Northern Midlands	South		
Devonport (inc. Latrobe, Railton & Sheffield) Penguin Port Sorell Smithton Ulverstone Wynyard	Longford Perth	Brighton, New Norfolk & Richmond Eastern Shore (inc. Sorell & Dodges Ferry districts) Glenorchy Hobart Huon Valley, Geeveston, Dover, Sth Channel Cygnet Kingborough Spring Bay		
	East			
	Fingal Valley St Helens Swansea			
Duties I am interested in:	Driver	Helper / Deliverer	Office Assistant	Eat with Client
Correspondence and Publicity (please circle)				
I agree to receive correspondence from MOW Tas	YES	NO		
I agree images of me may be used by MOW Tas	YES	NO		
COVID-19 (please circle)				
Do you reside or work within a known COVID-19 cluster outbreak area?	YES	NO		
Have you been in contact with anyone with flu like symptoms in the last two weeks?	YES	NO		
Have you had any flu like symptoms in the last two weeks?	YES	NO		
Date Completed				
Print Name		Signature		
Please return to: Meals on Wheels Tasmania – State Office 103A Grove Road, Glenorchy TAS 7010 office@mowtas.org.au		OFFICE USE ONLY		
		Polixen		
		D/B		
		O/I		

¹ Vehicle Registration, Insurance and Drivers Licence Declaration to be completed when this option is selected

