



## Meals of Joy Volunteer Driver Application

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone – Home \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

### Emergency Contact Info

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone – Home \_\_\_\_\_ Cell \_\_\_\_\_

### Driver/Automobile Information (copy of driver's license attached)

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

### Auto Insurance Information (copy of auto insurance card attached)

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Exp. Date \_\_\_\_\_

My signature below verifies that the information provided is correct and authorizes Meals of Joy to run a background check.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return with copies of DL and Insurance card to  
Meals of Joy, 501 E. Plaza Circle #2, Litchfield Park, AZ 85340