



Meals On Wheels

MEALS ON WHEELS VOLUNTEER INFORMATION

Please complete this form and return to Home Health United Meals on Wheels at 4639 Hammersley Road, Madison, WI 53711. Thanks for your interest in Meals on Wheels!

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Email Address _____ Home Phone _____

Cell Phone _____ Work Phone _____

Occupation _____

Emergency Contact _____ Phone _____

Other volunteer activities _____

Days that you are available:

M____ T____ W____ R____ F____ Sat____ Sun____

Are you willing to substitute if needed? Yes____ No____

Do you know of anyone else that would also be interested in volunteering for Meals on Wheels?

How did you hear about our program? _____

Additional comments _____

It is the policy of Home Health United to respect the confidentiality of all home delivered meal recipients. A copy of our HIPAA (Health Insurance Portability and Accountability Act) Regulations is available in our office and may be sent to you upon request.

Your signature verifies that you will keep confidential any and all information about Meals on Wheels recipients.

Signature _____ Date _____

(If you are under the age of 18, please have your parent or guardian sign this form)

608.276.7598