One Meal Miranda Volunteer Form

First Name	
Surname	
Email Address	
Address	
Phone Number	
Date of Birth	
WWCC Number	
Drivers License No (if they will be driving)	
Emergency Contact Name, Telephone Number and relationship	

Any previous or pre-existing injuries or medical conditions that may affect your duties as a volunteer? Please circle.

No

I understand the submission of this information indicates that the applicant wishes to work as a volunteer for One Meal and participate in meal services and associated activities undertaken by the charity. Please circle.

Yes

I acknowledge that the activities undertaken while volunteering with One Meal are not without risk and I agree to make all reasonable efforts ensure my safety and that of patrons and other volunteers. Please circle.

Yes