



Meals on Wheels

President: Mr. Peter Scorgie

Secretary: Mrs. P Balcombe

MEALS ON WHEELS

TAMWORTH

PO Box 371

328 Goonoo Goonoo Road, Tamworth.

NSW 2340

ABN 51 259 523 719

Phone: (02) 6765 8999

E-Mail: info@mow.org.au

Volunteer Application

Full Name: _____

Previous Names: _____

Date of Birth: _____ Gender: _____

Town/City of Birth: _____ Country of Birth: _____

Current Residential Address: _____

Postal Address (if different): _____

Please provide all previous addresses for the last 5 years:

Mobile Number: _____ Home: _____

Email: _____

Emergency Contact Details:

Name: _____ Relationship: _____

Contact Number: _____

Vehicle Details (if driving):

Registration Number: _____ Expiry Date: _____

CTP Insurer Name: _____

Comprehensive Insurer Name: _____

Policy Number: _____ Expiry Date: _____

Please supply 2 forms of ID for Police Check:

- **A scanned copy of Drivers Licence** or *complete details below:*

Name exactly as appears on licence: _____

Licence No: _____ Expiry Date: _____ Card No: _____

- **A scanned copy of Medicare Card** or *complete details below:*

Name exactly as appears on card: _____

Card No: _____ Expiry Date: _____

Position number on card (usually a 1 or 2): _____ Card Colour: _____

Alternatively

First Proof of Identity	Second Proof of Identity
Australian Passport	Australian Passport
Birth Certificate	Australian Visa
Australian Citizenship Certificate	Australian Citizenship Certificate
Australian Migration Status (AMS) ImmiCard	Australian Migration Status (AMS) ImmiCar
Australian Visa	Marriage Certificate
RTA Identification Card	Health Care Card
	Pensioner Concession Card (PCC)
	Seniors Health Card (SHC)
	Australian Citizenship by Descent
	Change of Name Certificate

Please supply a copy of your Covid-19 vaccination certificate

I authorise Tamworth Meals on Wheels to complete a National Police Check on my behalf using the details from this form.

Signed: _____

Date: _____