



MEALS on WHEELS SENIOR SERVICES

of Rockwall County

Volunteer Application

Name: _____ Date: _____

Address _____ City _____ State _____ Zip _____

Phone _____ Mobile Phone _____

E-Mail Address _____ Date of Birth: ____/____/____

Emergency Contact _____ Relationship _____

Emergency Contact Phone _____ Church Affiliation (optional) _____

Volunteer Opportunities:

- Home Delivered Meals
- Allan's Companions
- Special Project/ Event
- Other _____

Availability: Please indicate the days/times you will be available

Monday	Tuesday	Wednesday	Thursday	Friday

How did you hear about Meals on Wheels volunteer program? _____

Most Recent Employer:

Name: _____ Phone: _____ Position Held: _____

Previous Volunteer Experience:

Agency: _____ Phone: _____ Position Held: _____

Agency: _____ Phone: _____ Position Held: _____

Reference (Non-Relative):

Name: _____ Phone: _____

Name: _____ Phone: _____

Health Limitations: _____

Do you have a valid Texas Driver's license? Yes _____ No _____

We require a copy of all volunteer's Drivers License and proof of insurance, you may send a copy, or digital picture or bring them with you on the first day of volunteering, and we will make a copy for you.

Driving Record/Criminal History Check Information

I give my permission for the following information to be used by Meals on Wheels Senior Services to secure information regarding my driving record and "conviction only" criminal history. I understand that the information provided below will be kept confidential and used for the sole purpose of checking my driving and criminal history records. Any information obtained by the organization will also be strictly confidential.

Name _____
Last First Middle Initial

Date of Birth _____ Sex _____ Race _____

Social Security (optional) # _____ Length of time residing in Texas _____

Drivers License # _____

Other states / counties I have resided in: _____

Alias names used, including previous married names or maiden name:

Have you been convicted of a felony or misdemeanor in the past 5 years? Yes _____ No _____

If so explain _____

Volunteer Hold Harmless Agreement

In consideration of participation in activities that I perform in a volunteer capacity on behalf of Meals on Wheels Senior Services, I hereby waive, hold harmless and release Meals on Wheels Senior Services, its directors, employees, and agents for any claims, damages or injuries which I might sustain during the course of my volunteer activities. This waiver includes myself, my heirs or assigns from seeking any legal action whatsoever against MoWSS, its successor organizations or representatives thereof.

Volunteer Signature _____ Date: _____

Printed Name of Volunteer _____

If you can not drop off the application in person, please mail or fax your completed form to the Meals-On-Wheels Office in the area you are available to deliver meals.

Meals on Wheels Senior Services
950 Williams St box 2, Rockwall TX 75087
Phone 972-771-9514
Fax:
Email: Rockwallmow@hotmail.com

Bad weather instructions: If Rockwall ISD is closed (or opening late) for bad weather Meals on Wheels will not run. Check your local news or the internet to check on school closings.



MEALS *on* WHEELS
SENIOR SERVICES
of Rockwall County

VOLUNTEER CONFIDENTIALITY STATEMENT

I, _____, am a volunteer for the Meals on Wheels Senior Services (MoWSS). I UNDERSTAND:

- The information provided by MoWSS is confidential by law;
- The information provided by MoWSS may not be used for any purpose other than the purpose for which I am volunteering; and
- Any information, including client identities and case details, obtained while I am volunteering with MoWSS must not be discussed or disclosed to any person, other than current MoWSS employees and volunteers, and then only on a strict need-to-know basis within the scope of the volunteer placement.

I also UNDERSTAND the disclosure of this confidential information may be considered a violation of law subject to a criminal penalty under both the Texas Open Records Act, §552.352 Government Code and/or §40.005(e) Human Resources Code.

I have read this confidentiality statement fully, I understand what it means, and I am signing it freely and voluntarily.

Signature of Volunteer

Date

Signature of Parent (if the volunteer is a minor)

Date

This original Volunteer Confidentiality Statement must be returned to MoWSS prior to performing *any* volunteer service.

This is the end of the application to be returned to Meals on Wheels the rest of the document is for you to keep

Volunteer Code

Meals on Wheels recognizes the critical role of its volunteers, and is extremely grateful for their dedication, their time and their compassion. Meals on Wheels accepts the service of all volunteers with the understanding that such service is at the sole discretion of the agency.

Meals on Wheels asks you as a volunteer to:

- √ Perform your service to the best of your ability, maintaining the clients' interests as your primary focus.
- √ Maintain an environment free of harassment (physical, sexual, or verbal), discrimination, and unprofessional conduct.
- √ Refrain from false, misrepresented, or omitted information on a volunteer application form and understand that MOW cannot accept applications with such information.
- √ Observe, maintain and protect confidentiality regarding clients, and avoid sharing with anyone information that identifies clients.
- √ Treat proprietary or privileged information involving staff members or other volunteers as strictly confidential.
- √ Avoid activity construed as conflict of interest, i.e. neither accept loans or gifts of money or property from clients nor give gifts of money or property to clients, unless through an organized agency program.
- √ Refrain from offering medical, legal, or financial advice to clients.
- √ Respect the cultural, religious, and political views of clients and refrain from imposing your cultural, religious, and political views on clients. Try avoiding conversation topics which may upset the clients or yourself, leading to conflict and high blood pressure.

Volunteer Driver Guidelines

Packaging Procedures

1. Arrive at the Meals on Wheels facility at RISD Admin building Quest Academy cafeteria (1050 Williams st) **between 10:30 am and 11:00 am. If, for any reason, you will be later than 11:00 am, please notify the Staff at 972-771-9514.** All meals must be delivered by 2:00 pm. We must know that you are coming to deliver your route. **Our senior citizens depend on you!**
2. Please sign in when you arrive to pick up the meals. The meals will be set up in alphabetical order on tables in the cafeteria. For each route, there should be meal containers, fruit or deserts, and milk boxes. Please check your route sheet for the number of meals and milks you will need and **double-check the number you have in your container and bags before leaving the facility.**
3. The route sheet is updated daily. Please always review the route sheet for changes. **Never use an old route sheet to deliver meals! To protect our seniors' confidentiality we ask that all used route sheets be returned to Meals on Wheels office or kitchen Volunteers in a timely manner or shredded.**
4. You may choose to bring your own cooler. DO NOT store used plastic bags in your meal container. Used plastic bags should be discarded after each use. **We ask that if you do choose to deliver the meals with one of our containers, please return it on the same day.**

Meal Safety

- √ Handle the meals with care, as if you cooked the meal yourself. Keep the meals level when transporting during delivery. When meals are not level, spillage and leakage may occur.
- √ **Keep hot food HOT...only put hot meals and bread in your hot meal container. Keep cold food COLD...pack only milk, deserts, and salads together. Packing the food properly and uninterrupted delivery are essential to prevent bacteria from forming, causing food poisoning.**
- √ During your route, be sure to close your container securely after taking out a meal. This helps to retain a safe temperature level.
- √ Strongly encourage your clients to put their meal in the refrigerator if they are not going to eat the meal immediately.

Delivery Procedures

1. If a client does not answer the door:

Please be patient and give the client ample time to get to the door. You may try knocking at another door. If you find a note at the client's home to leave the meal on the porch, in the chair, between the door and screen – **DO NOT LEAVE THE MEAL.** The client may be away from the home longer than anticipated and there is danger of food spoilage.

Attempt to call the client using the phone number is listed on the route sheet.

If a client does not answer the door or phone, please call the Meals on Wheels Staff at 972-771-9514 so we can notify the emergency contact.

Please call while you are still in the neighborhood, in case you need to return the meal to the client's home. We utilize our service for nutrition, as well as, daily contact to ensure the client's personal safety. (All clients that are reported absent are called or the emergency contacts are notified. Many times the volunteer is the only personal contact the client has during the day)

Most clients will come to the door to receive the meal. In some cases, a client may ask you to come in and place the meal inside of the home. If the person needs additional help, instructions will be on your route sheet.)

A contribution envelope is distributed (on a pre-determined day) to each client with the Meal. This envelope is for the client's convenience. Payment is not mandatory in order to receive the meals. Clients are responsible for mailing their payment to the MOW office.

Personal Safety

Personal Safety of all volunteers is very important. Please review the following precautions for maximum safety.

1. Dress comfortably. Leave valuables at home or locked in a secure place in your vehicle.
2. Always lock your car when getting out and check back seat and floor before getting back in the car. Have your keys ready when approaching your vehicle. **Never leave your car running or the keys in your car while going to the door to deliver a meal.**
3. Be alert at all times, even in familiar surroundings.
4. Report any hazards that occur during your delivery, such as dogs, etc.
5. Use your common sense. Do not walk into a bad situation.
6. If you find a client in a medical emergency, call 911 and notify Meals on Wheels immediately.

Please call MOW if:

1. You will be unable to deliver meals on your scheduled day at least 24 hours ahead of time if possible.
2. You will be later than 11:00 am to pick up your delivery route.
3. **The client does not answer the door.** Many times, you are the only personal contact the client has during the day. We must check on people who do not answer the door by calling them or their emergency contact. The Director of Homebound Meals is on the phone a lot while you are out delivering your route. If you get a voice mail, **please leave your message** including your name, what route you are on, and the person who did not answer the door. We will contact the emergency contact.
4. You are having difficulty locating an address, so we can help you with directions.
5. You notice any change in the client's condition or environment, such as:
 - Disorientation to time or place
 - Speech
 - Changes in mobility
 - Shortness of breath or labored breathing
 - Inadequate heating or cooling
 - Unopened meal containers from the previous day
 - Safety hazards: dogs, broken steps, etc.
 - Lack of utilities – electric, gas, water, etc.