



# 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 \_\_\_\_\_

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### 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  
Office Location 4398 Hwy 276, Rockwall TX, 75032  
Mailing Address PO BOX 910, 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.



**Area Agency on Aging of North Central Texas  
Acknowledgement of Responsibility for Reporting Abuse, Neglect and Exploitation and Reasonably  
Suspicion of a Crime.**

**Reporting Abuse and Neglect**

Texas law requires any person who believes that a child or person 65 years or older or an adult with disabilities is being abused, neglected, or exploited to report the circumstances to the Texas Department of Family and Protective Services (DFPS) Abuse Hotline. A person making a report is immune from civil or criminal liability, and the name of the person making the report is kept confidential. Any person who suspects abuse and does not report it can be held liable for a Class-A misdemeanor.

***For life threatening or emergency situations, call your local law enforcement agency or 911 immediately, and then make a report to DFPS.***

There are two resources for reporting abuse, neglect and exploitation. One resource to report perpetrators who are paid providers and one to report perpetrators who are not paid providers

**Texas Department of Family and Protective Services**

If a client is being subjected to abuse, neglect or exploitation by someone who is not a paid provider, contact the Texas Department of Family and Protective Services

*By Phone:* Call the Abuse Hotline, 24 hours a day, 7 days a week, toll-free **1-800-252-5400** from anywhere in the US to report abuse or neglect that occurred in Texas.

*By Secure Internet Website:* From your internet browser, go to <https://www.txabusehotline.org>.

**Texas Department of Aging and Disability Services**

If a client is being subjected to abuse, neglect or exploitation by someone who is not a paid provider, contact the Texas Department of Aging and Disability Services at **1-800-458-9858**.

*I acknowledge my responsibility as an employee, contract employee, vendor or volunteer of a DADS service agency to report reasonable suspicion of a crime against an individual. I understand that I should report any incident that I suspect may be a crime even if I am not sure. I realize that if I fail to report as required, I may be subject to civil money penalties and/or barred from participation in any federal health care program.*

\_\_\_\_\_  
Employee, Contract Employee, Vendor or Volunteer Name (Printed/ Signature)

Meals on Wheels Senior Services Rockwall County \_\_\_\_\_

Agency

Date

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



Welcome to the Remind text communication system for Meals on Wheels Volunteers  
(if you have kids in school you may already be familiar with remind)

Please save the number in your phone for future texts

To signup, text @allsube to 81010 or (509)321-4998

Step 1: We send group text to all drivers in your group, or find our volunteer needs calendar at [www.rockwallmealsonwheels.org/volunteerneeds/](http://www.rockwallmealsonwheels.org/volunteerneeds/)

Step2: If you see a route that fits with your schedule and want to take it respond with the day and route

Step3: We send you a personal message confirming your placement

Step4: We send a group text letting the group know the route is filled.



## **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 designated pick up location Divine Peace Chapel (305 S Fannin St, Rockwall TX, 75087) on Thursday's between 9:30am-10:00am.
2. If, for any reason, you will be later than 10:00 am or unable to deliver your route, please notify the Staff at **972-771-9514**. We must know that you are coming to deliver your route. **Our senior citizens depend on you!**
3. Once you arrive, you'll pull into the parking lot and be directed from there by our staff member. You will be handed a route sheet that is updated weekly. 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 shredded or returned to Meals on Wheels office.**

## Meal Safety

**All meals must be delivered as soon as they are picked up due to them being frozen and needing to stay at a safe temperature to prevent the growth of bacteria forming that could potentially cause food poisoning and get our seniors sick.**

- √ Handle the meals with care, as if you prepared and packaged them yourself. Keep the meals level when transporting during delivery. When meals are not level, spillage and leakage may occur.
- √ Strongly encourage your clients to put their meals directly in the freezer/ refrigerator if they are not going to eat the meal immediately and please remind them to check dates on meals before eating.

## 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.

Please attempt to call the client using the phone number that 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.**

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. **Due to COVID 19 we due require volunteers to wear mask while in contact with our seniors.** Our clients are among the most vulnerable, and it is our responsibility to protect them as best as possible.
2. Dress comfortably.
3. Leave valuables at home or locked in a secure place in your vehicle. 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 you 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. **If you are not feeling well or have a fever and we will get someone to cover your route.**
2. You will be unable to deliver meals on your scheduled day at least 24 hours ahead of time if possible.
3. You will be later than 11:00 am to pick up your delivery route.
4. **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.
5. You are having difficulty locating an address, so we can help you with directions.
6. 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.