

Senior Services



Meals on Wheels

Dear Volunteer,

Welcome to the Meals on Wheels program. Volunteers help Meals on Wheels to be successful! You, and the valuable service you provide, really make a difference.

Policy requires all volunteers to complete an application, auto safety certification, confidentiality agreement, and sign a job description. A copy of your driver's license will also be maintained by Senior Services. Please note that information obtained will be held in full confidence.

We have this policy in place because Senior Services takes the responsibility of maintaining the safety of volunteers, as well as the individuals we serve very seriously. The policy was developed based on requirements identified by our insurance carrier.

Thank you for generously sharing your time and making a commitment to the Meals on Wheels program. We are very grateful to have you as part of our team!

If you have any questions, you can reach the Meals on Wheels staff at the numbers listed below.

Sincerely,

Jessica Ward
Meals on Wheels Manager

Kalamazoo County: 269-382-0515 Ext. 317 for Jessica Ward
Calhoun County: 269-441-9540 or 866-200-8877 for a member of the Meals on Wheels team



Senior Services



Southwest
Michigan

Return completed forms to:

Meals on Wheels
Senior Services
918 Jasper St.
Kalamazoo, MI 49001

Volunteer Application

Date _____

Name _____ Phone _____ Male ___ Female ___

Mailing Address _____ Birth Date _____

City _____ State _____ Zip _____

E-mail address _____

How did you hear about this opportunity? _____

I do ___ do not ___ give permission for my name and photograph to be used by Senior Services for publicity.

Marital Status Divorced ___ Married ___ Never Married ___ Single ___ Widowed ___

Race and Ethnic Background American Indian/Eskimo/Aleut ___ Asian/Pacific Islander ___ Black ___

White ___ Multi-Racial (indicate) _____ Are you Hispanic? Yes ___ No ___

Primary Means of Transportation to Volunteer Activity (check one)

Use Own Car ___ Bus ___ Van Service ___ Walk ___ Other Driver ___

Valid Drivers License Number _____ Expiration Date _____

Valid Drivers License Number and Drivers License Expiration Date required for:

- excess accident, auto liability, and personal liability insurance coverage provided free of charge to volunteers

Employment and Volunteer Experience

Are you retired? Yes ___ No ___ Current or Last Place of Employment _____

Are you a Veteran? Yes ___ No ___ Education/Training _____

Previous Volunteer Service _____

Current Volunteer Service _____

Areas of Interest for Volunteering _____

Emergency Contact

Name _____ Relationship _____ Phone _____

Mailing Address _____ City/State/Zip _____

In case of an emergency, do you authorize emergency treatment? Yes ___ No ___

Beneficiary for Accident Insurance

Name _____ Relationship _____ Phone _____

Mailing Address _____ City/State/Zip _____

Signature of Volunteer

Signature of Staff

Office Use Only Orientation Date _____ Placement Details _____

PLEASE SEE OTHER SIDE

References

List 2 references (other than relatives) that have known you for at least 2 years. Please let your references know that they will be contacted by phone or in writing.

Name _____ Email Address _____

Street _____

City/State/Zip _____ Phone _____

Name _____ Email Address _____

Street _____

City/State/Zip _____ Phone _____

Have you ever been convicted of a felony? Yes _____ No _____. If yes, please explain _____

Volunteer Auto Safety Certification

For Office Use Only

Driving Record

Risk Classification _____

Answer the following questions by circling either **Y** for Yes or **N** for No.

Y N Are you currently a licensed driver? A copy of your license will be kept on file.

Y N Do you currently carry, on the personal vehicles you drive for volunteering, at least the State of Michigan required minimum insurance coverages for Personal Liability/Property Damage?

Y N Have you received a ticket for any driving violations (parking tickets are not included) in the past 2 years? (If yes, please explain the nature of the tickets on a separate sheet and attach to this form.)

Agreement to Notify of Driving Events

I agree to immediately inform _____ the Meals on Wheels Manager _____ if my driver's license is suspended or revoked, or if I have *Driving Under the Influence* or *Driving While Intoxicated* charges pending.

I must also notify _____ the Meals on Wheels Manager _____ if my personal auto insurance is cancelled or not renewed. These notifications are required even if the offenses are not related to my volunteer work for Senior Services. This information will not be released to unauthorized persons.

Traffic Laws

I agree to follow all traffic laws, observe speed limits, and operate vehicles in a safe manner.

Seat Belt Usage

I agree to transport persons only in the passenger seats equipped with appropriate seat belts. I agree to require seat belt usage at all times. This rule does not apply in buses that are not outfitted with seat belts.

Safe Vehicles

I agree to transport persons only in vehicles that are in safe operating condition.

I have truthfully and accurately responded to the questions above. I understand that if I utilize my personal vehicle in the performance of my volunteer duties, my driving record will be requested from the State of Michigan. In addition, I agree to notify my supervisor if any of the driving events listed above occurs.

I understand that by signing this application I am authorizing a confidential background check to be conducted on me by Senior Services.

Volunteer Signature _____ Date _____



Meals on Wheels Driver – Volunteer Position Description

REPORTING RELATIONSHIP: Reports to the Meals on Wheels Manager or Assistant.

RESPONSIBILITIES:

1. Arrive at the Meals on Wheels office on Jasper St. in Kalamazoo or Burnham Brook Center in Battle Creek between 10:20 and 10:30 a.m.
2. Consult with the Meals on Wheels staff as to any route changes, special instructions, etc.
3. Meet with your hopper for the day.
4. Sign the bottom of the route sheet.
5. Help load your car (if able)
6. Assist hopper along the route with the meal delivery.
7. If with a new hopper, give verbal information and special delivery instructions regarding each client.
8. Driver/Hopper:
 - a. Write down any messages from the client to relay to the Meals on Wheels staff.
 - b. Write down any unusual occurrences or problems that you may find with the client or the clients home.
 - c. If the client is not home please note that on the route sheet along with leaving a door hanger. The door hanger has special instructions, letting the client know we were at their home, along with giving them specific instructions on how to call the Meals on Wheels office if they will not be home in the future at the time of meal delivery.
9. Call 911 immediately with any life threatening circumstances that appear dangerous to the client's well being. After calling 911 call the Meals on Wheels office for further instructions.
10. Return to the Meals on Wheels office at the end of your route. This will allow you to report to staff any clients that were not home or any special instructions that were given to you by the client.

ATTENDANCE:

1. Volunteers are expected to come to each scheduled time unless they are ill, an emergency arises, or there is a planned vacation.
2. Please notify Meals on Wheels staff as soon you know you are not going to be able to make your volunteer commitment. A substitute will have to be scheduled as soon as possible.
3. If you know in advance you will not be able to volunteer on your scheduled day, feel free to find a substitute, or let the staff know and we will find a replacement.

ORIENTATION:

1. Interview and orientation with Program Manager or Assistant, may be in person or by phone.
2. Each new volunteer driver will go through a screening process and background check along with a driver's license look-up.
3. Will be provided with a Meals on Wheels volunteer manual.
4. Opportunity for subsequent in-service trainings.

QUALIFICATIONS:

1. Dependable
2. Must have own transportation suitable for position.
3. Must have a valid Michigan driver's license for a minimum of 6 months.
4. Vehicle must be covered with minimum insurance required by the State of Michigan.
5. Willing to provide own gas. (Mileage is tax deductible. On the job mileage is not reimbursable, but it is tax deductible. Mileage to and from the Meals on Wheels office may be reimbursed for RSVP volunteers.)
6. Requires volunteers to drive for 1.5 to 2 hours; may need to do some walking, bending, lifting, and carrying.
7. Personable, able to relate well with the person you are teamed up with for the day.
8. Able to accurately communicate messages.
9. Must have a good driving record.
10. The ability to drive in Michigan weather.

Volunteer Signature _____ **Date** _____

Volunteer Confidentiality Agreement

Each person served by Senior Services Inc. is recognized as having fundamental personal, service and civil rights. Through policy and practices, the staff of Senior Services Inc. is committed to treating each person served with dignity and respect, and to ensure that their rights are not violated.

As a Meals on Wheels volunteer, I may have access to personal information about the client(s) I am serving. I agree to hold this information confidential and will not divulge information to anyone except the Meals on Wheels staff who can determine disclosure.

I understand that divulging confidential information will seriously jeopardize my volunteer position with Senior Services Inc. and the Meals on Wheels program.

A breach of confidentiality MAY consist of:

- Talking about the client, by full name, with your family or friends.
- Talking about a client in a public place.
- Talking about a client to his or her family members without consent from the client.
- Telling people outside of the program the names of the clients served through the Meals on Wheels program.

I have read and understand the above confidential statement and hereby agree to abide by this policy.

Volunteer Signature _____ **Date** _____



Meals on Wheels Hopper – Volunteer Position Description

REPORTING RELATIONSHIP: Reports to Meals on Wheels Manager or Assistant.

RESPONSIBILITIES:

1. Arrive at the Meals on Wheels office on Jasper St. in Kalamazoo or Burnham Brook Center in Battle Creek between 10:20 and 10:30 a.m.
2. Consult with the Meals On Wheels staff to any route changes, special instructions, etc.
3. Meet with your driver for the day.
4. Sign the bottom of the route sheet.
5. Help driver load the car (if able)
6. Assist the driver in locating clients' home.
7. Take each client the correct bag and correct hot meal.
8. Driver/Hopper:
 - a. Write down any messages from the client to relay to the Meals on Wheels staff.
 - b. Write down any unusual occurrences or problems that you may find with the client or the clients home.
 - c. If the client is not home please note that on the route sheet along with leaving a door hanger. The door hanger has special instructions, letting the client know we were at their home, along with giving them specific instructions on how to call the Meals on Wheels office if they will not be home in the future at the time of meal delivery.
9. Call 911 immediately with any life threatening circumstances that appear dangerous to the clients' well being. After calling 911 call the Meals on Wheels office for further instructions.
10. Return to the Meals On Wheels office at the end of your route. This will allow you to report to staff any clients that were not home or any special instructions that were given to you by the client.

ATTENDANCE:

4. Volunteers are expected to come to each scheduled time unless they are ill, an emergency arises, or there is a planned vacation.
5. Please notify Meals on Wheels staff as soon you know you are not going to be able to make your volunteer commitment. A substitute will have to be scheduled as soon as possible.
6. If you know in advance you will not be able to volunteer on your scheduled day, feel free to find a substitute, or let the staff know and we will find a replacement.

ORIENTATION:

1. Interview and orientation with Program Manager or Assistant, may be in person or by phone.
2. Each new volunteer hopper will go through a screening process and background check.
3. On the job training with an experienced volunteer.
4. Will be provided with a Meals on Wheels volunteer manual.
5. Opportunity for subsequent in-service trainings.

QUALIFICATIONS:

1. Dependable
2. Able to provide own means of transportation to the Meals on Wheels office. (Mileage to and from the Meals on Wheels office may be reimbursed for RSVP volunteers.)
3. Willing to volunteer in Michigan weather.
4. Requires full range of physical activities for 1.5 to 2 hours: walking, standing, lifting, bending, getting in and out of the car, climbing stairs, walking on slippery surfaces, etc.
5. Personable, able to relate well with others.
6. Able to accurately communicate messages.
7. Able to approach clients in a warm, friendly manner.
8. Minimum age 14.

Volunteer Signature _____ **Date** _____

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- Talking about the client, by full name, with your family or friends.
- Talking about a client in a public place.
- Talking about a client to his or her family members without consent from the client.
- Telling people outside of the program the names of the clients served through the Meals on Wheels program.

I have read and understand the above confidential statement and hereby agree to abide by this policy.

Volunteer Signature

Date