



300 N. Trinity Street, Suite A  
P.O. Box 903  
Decatur, TX 76234  
Office: (940) 627-5329

# Application for: ***VOLUNTEERS***



# WCCA/Meals On Wheels Wise County

## VOLUNTEER Application and Agreement Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

\*Name of Parent or

Guardian if under 18 years: \_\_\_\_\_

\*If Employee / Volunteer is under 18 years, the parent or guardian must also complete an Employee / Volunteer application and agreement form.

Address: \_\_\_\_\_ Tele: \_\_\_\_\_ (H); \_\_\_\_\_ (O)

\_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

Company or Volunteer Group Name: \_\_\_\_\_

Info needed for Volunteers:

Date of Birth: \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Social Security # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

(Tele. No.; Indicate Home, Work or Cell \_\_\_\_\_ (Relationship) \_\_\_\_\_

Do you have any friends/family members who are employed or Volunteer here? \_\_\_\_ Yes \_\_\_\_ No

When are you available to Volunteer (specify hours of availability)?

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ Holidays only \_\_\_\_\_

**BACKGROUND CHECK:** WCCA requires Volunteers working with individual consumers to submit to a background check. Criminal conviction does not necessarily bar an applicant from Volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of Volunteer for the background check. Screening must be completed before Volunteers begin working with consumers.

\_\_\_\_\_ I agree to have a background check.

Info needed for background check:

Date of Birth: \_\_\_\_\_ Driver's License No. \_\_\_\_\_ Social Security # \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

## PHOTO RELEASE

Periodically, our local news media will photograph or film our Meals on Wheels program to help bring attention to the community. Please indicate your permission below to be filmed or photographed for these purposes. Thank you.

I hereby grant Wise County Committee on Aging, Inc. (WCCA), permission to interview me and/or use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by Wise County Committee on Aging, Inc. (WCCA). I will make no monetary or other claim against Wise County Committee on Aging, Inc. (WCCA), for the use of the interview and/or the photograph/video.

Name (print full name) \_\_\_\_\_

Signature \_\_\_\_\_

Relation to subject (if subject is a minor) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

# DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal History (CCH)  
Volunteer Name (Please Print)

will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on Name and DOB identifiers I supply. (This is not a consent form). Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411, Subchapter F.

Name-base411, formation is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with any criminal history record information obtained using this method. The agency may request that I have fingerprint search performed to clear any misidentification based on the result of the Name & DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
DATE

WISE COUNTY COMMITTEE ON AGING/ MEALS ON  
WHEELS WISE COUNTY TEXAS

\_\_\_\_\_  
WCCA Representative Name (Please Print)

\_\_\_\_\_  
Signature of WCCA Representative

\_\_\_\_\_  
DATE

### Please Check and Initial Each Applicable Space

CCH Report Printed:

YES \_\_\_ NO \_\_\_ \_\_\_\_\_ Initials

Purpose of CCH: \_\_\_\_\_

Employee \_\_\_ Vol/Contractor \_\_\_ \_\_\_\_\_ Initials

Date Printed: \_\_\_\_\_

\_\_\_\_\_ Initials

Destroyed Date: \_\_\_\_\_ \_\_\_\_\_ Initials

**Retain in your files**



TOGETHER, WE CAN DELIVER.

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# Volunteer Job Description

As a Volunteer for the WCCA, there are several guidelines that must be followed in order to ensure your safety as a Volunteer and the safety of our clients who receive home-delivered meals. Please keep these guidelines in mind whenever you deliver meals:

1. Always make contact with client. **Never just leave a meal on doorsteps, porches, or doorways.**
2. If at any time you feel the client is in medical distress, call 911 first & then call the Executive Director or his/her appointed representative to report the incident.
3. Report any suspected case of abuse, neglect, or injury to the Executive Director or his/her appointed representative.
4. If a client donates, mark the amount in the donations space of the route sheet and place the donation in the pouch designated for your route.
5. Always sign the bottom of the route sheet & record the approximate time taken to deliver all meals on your route.
6. If someone does not answer the door, 1) CALL THEM their number is provided on the route sheet, 2) Leave a "Sorry we missed you" flyer on their door. 3) Mark route sheet with an A. Please be sure to inform the Executive Director or the Office Manager that the client was not home.
7. Treat all clients with respect and dignity while making every effort to respect and honor their privacy.
8. Always call the WCCA business office at (940) 627-5329 should you ever need assistance or have any questions.



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## Volunteer Training Guide

### I. OLDER AMERICANS ACT OF 1965 (Public Law 89-73)

AN ACT To provide assistance in the development of new or improved programs to help older persons through grants to the States for community planning and services and for training, through research, development, or training project grants, and to establish within the Department of Health, Education, and Welfare an operating agency to be designated as the "Administration on Aging".

One particular section or Title of this law is the basis for our program (Title III- Grants for State and Community Programs on Aging). Some of the objectives of this law are:

- Efficient community services, including nutrition services, access to low-cost transportation, in-home services, and disease and health prevention programs.
- Freedom, independence, and the free exercise of individual participation in the planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.
- "Older Individual" is defined as a person 60 years of age or older.
- "Disability" is defined as a disability attributable to mental or physical impairments that result in substantial functional limitation in one or more areas of major life activity, such as mobility, receptive and expressive language, self-direction, or cognitive functioning.

### II. Home Delivered Meal Program

- Provide older individuals, five or more days a week, at least one home-delivered hot, cold, frozen, dried, canned, or supplemental foods meal per day.
- Meals must comply with the Dietary Guidelines for Americans and provide minimum 1/3<sup>rd</sup> daily recommended allowances.

#### a. Meal Delivery Guidelines

As a Volunteer for WCCA, there are several guidelines that must be followed in order to ensure your safety as a Volunteer and the safety of our clients who receive home-delivered meals. Please keep these guidelines in mind as you deliver the meals:

- Meals should be picked up at the WCCA main office located at 300 N. Trinity, Decatur, TX between 10:00AM and 10:45AM. Or at the kitchen in Chico 400 South Hovey from 10:15 to 10:45
- Remember to handle the food containers carefully because they are hot.
- Always make contact with the client. ***Do not just leave the meal on doorsteps, porches, or doorways.***

- If at any time you feel the client is in medical distress, call 911 first & then call the Executive Director or his/her appointed representative to report the incident.
- Report any suspected case of abuse, neglect, or injury to the Executive Director or his/her appointed representative.
- If a client makes a donation, mark the amount in the donations space of the route sheet and place the donation in the pouch designated for your route.
- Always sign the bottom of the route sheet & record the approximate time taken to deliver all meals on your route.
- If someone does not answer the door; 1) CALL THEM their number is provided on the route sheet, 2) Leave an "Sorry we missed you" flyer on their door. 3) Mark route sheet with an A. Please be sure to inform the Executive Director or the Office Manager.
- Treat all clients with respect and dignity while making every effort to respect and honor their privacy.
- Always call the WCCA business office at (940) 627-5329 should you ever need assistance or have any questions.

b. **Client Confidentiality**

It is important to remember that you must respect the dignity and privacy of our clients. You must remember that client information is confidential.

III. **Transportation Program**

WCCA maintains several vehicles. We provide an "on-demand" response program for older individuals during the hours of 8:30AM to approximately 4:00PM, Monday through Friday, except holidays. In anticipation of increased older individual transportation demands, WCCA has entered a contractual arrangement with Texoma Area Paratransit System (TAPS) to provide transportation to qualified older individuals. These rides are coordinated at least 48 hours in advance (effective June 1, 2015) by completion & submission of WCCA/TAPS transportation log and are forwarded via email by the team at the WCCA office.

IV. **Preventative Health Program**

Services in our program consist of assisting with safety or adaptive aids. This program has very limited funding. Clients are also referred to other community services for assistance.

I, \_\_\_\_\_, acknowledge that I have received a copy of the WCCA Volunteer Training Guide and Job Description. I have received information on the Older Americans Act of 1965, Client Confidentiality, & other programs offered by WCCA as well as appropriate transportation policies and procedures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Training was provided on the following date(s): \_\_\_\_\_

Trainer was: \_\_\_\_\_



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## Volunteer Release form for Meals on Wheels

### General Commitment and Understanding:

I agree to abide by all the procedures established by Meals on Wheels (MOW) in the preparation, delivery and/or serving meals to participating seniors. I understand I can be dismissed as a Volunteer should my actions or performance as a representative of MOW be inconsistent with program standards. I also understand that I am not covered under MOW liability, accident, driver, or injury insurance.

Each Volunteer must maintain a firm commitment to professional conduct: (1) client files and/or cases must be held in strict confidence, (2) notification is necessary when you are absent from scheduled Volunteer duties, and (3) advance notifications of at least two weeks should be given when an Volunteer plans to become inactive.

### Qualifications:

- Volunteer drivers must be 18 years of age or older. Persons under 18 can Volunteer ONLY if accompanied by an adult.
- A signed and completed Volunteer application must be on file before Volunteering can begin.
- Copies of a valid driver's license and current vehicle insurance must be provided.
- Signed authorization for a criminal background check must be provided.

### Confidentiality Agreement:

I understand that ALL information regarding cases & recipients is strictly confidential. Any questions should be directed to MOW staff. I also understand that confidential information is only given to me if it pertains to my Volunteer duties and that no copies or originals of any confidential information may ever be removed from MOW offices. I further understand that, if I do not respect or maintain the confidentiality of all information given to me through my Volunteer duties, I am personally liable for its release and will be required to give up my Volunteer position.

### Voluntary Release:

I hereby confirm that in connection with my Volunteer delivery of MOW, I agree to each of the following:

1. I shall be solely responsible for each and all my acts and omissions, including but not limited to the use of any motor vehicles, walking, and carrying meals, and interacting with MOW clients.
2. I hereby fully release and forever discharge MOW (and if I'm employed, my employer) from and against any and all liability, including but not limited to any and all claims, complaints, causes of actions, suits, debts, breaches, injuries, or other liability, of any kind of character whatsoever, arising out of or relating to the performance of my Volunteer services for MOW; and
3. I represent and warrant that I have and will maintain throughout the period I am a MOW Volunteer, public liability, and property damage insurance with policy limits in accordance with state law, for any vehicle I may drive. I further represent and warrant that I have a valid driver's license and that I have no knowledge of any facts, conditions, or circumstance that would impair or preclude me from safely operating a motor vehicle, from safely walking with trays in my hands, or from climbing steps with trays in my hands.

**I HAVE READ AND UNDERSTAND ALL THE ABOVE.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date