

**CASWELL SENIOR SERVICES NUTRITIONAL PROGRAM  
VOULUNTEER APPLICATION**

**NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**VEHICLE LIABILITY INSURANCE CARRIER:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_

**ROUTE PREFERRED** \_\_\_\_\_ **DAY(S) PREFERRED:** \_\_\_\_\_

*(How Many Times)* \_\_\_\_\_ **DOB:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

I HAVE BEEN ASSIGNED AS A HOME DELIVERED MEALS ROUTE DRIVER.  
I WILL CONTACT THE DIRECTOR OF MEALS-ON-WHEELS IF UNABLE TO DO MY ASSIGNED DUTIES BY CALLING THE MEALS ON WHEELS OFFICE (336) 694-7447 I WILL CALL BY 8:00AM OR THE DAY BEFORE.

**REFERRED BY:** \_\_\_\_\_

**WORK SCHEDULE:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

**Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**DUTIES:**

- PICK UP MEALS AT ASSIGNED LOCATION AT SPECIFIED TIME (10:00AM).
- DELIVER A MEAL TO EACH RECIPIENT PER ROUTE ASSIGNMENT SHEET.
- RETURN EMPTY CARRIERS TO SPECIFIED LOCATION.
- RETURN ANY PROBLEMS TO DIRECTOR.
- FOLLOW INSTRUCTIONS AND SUPERVISION OF MEALS-ON-WHEELS DIRECTOR.

**WHEN CLIENT IS NOT HOME:**

IF THE CLIENT DOES NOT ANSWER THE DOOR AND THERE IS NOT A NOTE ON THE ROUTE SHEET, LOOK IN WINDOWS TO SEE IF CLIENT MAY BE UNCONSCIOUS OR FALLEN. IF SO CALL 911 THEN THE DIRECTOR.

**DO NOT LEAVE MEAL UNLESS NOTED ON ROUTE SHEET.**

**DONATIONS:**

PRE-ADDRESSED ENVELOPES ARE FURNISHED TO CLIENTS FOR DONATIONS AT THE FIRST OF EACH MONTH. BRING DONATIONS TO THE MEALS ON WHEELS OFFICE OR MAIL THEM IN.

**LIABILITY:**

I HEREBY ACKNOWLEDGE THAT THERE MAYBE CERTAIN RISK OF INJURY INVOLVED IN PARTICIPATING IN THE MEALS ON WHEELS PROGRAM, AND I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS AND ASSUME FULL RESPONSIBILITY FOR ANY SUCH INJURY. I AGREE TO HOLD HARMLESS THE CASWELL COUNTY SENIOR CENTER, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, AGENTS, REPRESENTATIVES AND VOLUNTEERS OF ALL LIABILITIES AND ALL LOSS OR DAMAGE TO PERSON OR PROPERTY WHICH MAY OCCUR OR BE INCIDENT TO MY INVOLVEMENT AS A VOLUNTEER.

*INITIAL* \_\_\_\_\_

**PUBLICITY:**

I HEREBY RELEASE MY RIGHTS, OWNERSHIP AND USAGE OF ANY PHOTOS OR IMAGES TAKEN DURING THE COURSE OF MY VOLUNTEER TIME. I GRANT OWNERSHIP TO CASWELL SENIOR SERVICES TO USE THE IMAGES TO PROMOTE THE AGENCY HOWEVER THEY SEE FIT.

*INITIAL* \_\_\_\_\_

**CONFIDENTIALITY:**

I UNDERSTAND THAT AS A MEALS ON WHEELS VOLUNTEER THAT I MAY BE EXPOSED TO PERSONAL AND/OR CONFIDENTIAL INFORMATION. I AGREE THAT I WILL NOT DISCLOSE ANY INFORMATION ABOUT A CLIENT THAT IS TO BE KEPT CONFIDENTIAL EXCEPT WITH MEALS-ON-WHEELS DIRECTOR.

*INITIAL* \_\_\_\_\_

**TIPS:**

- TO ELIMINATE FOOD ILLNESSES, REDUCING LIABILITY KEEP CONTAINERS (HOT& COLD) CLOSED BETWEEN STOPS TO HELP MAINTAIN THE MEALS' TEMPERATURE.
- BRING SOME KIND OF PROTECTIVE COVERING FOR YOUR CAR SEATS IN CASE OF SPILLAGE.
- KEEP MEAL CARRIERS UPRIGHT.
- IF YOU ARE SHORT A MEAL CALL THE DIRECTOR.
- REPORT ANY UNUSUAL CONDITIONS/CHANGES IN THE HOME TO THE DIRECTOR.
- RETURN THE EMPTY CONTAINERS TO THE SENIOR CENTER OR DROP OFF LOCATIONS.
- VOLUNTEERS NEED TO REMEMBER TO RESPECT THE RIGHT AND PRIVACY OF ALL HOME DELIVERED MEAL CLIENTS.
- PLEASE REMEMBER TO SIGN EACH ROUTE SHEET BEFORE LEAVING WITH MEALS AND REPORT ANY MEALS NOT DELIVERED TO DIRECTOR.
- THIS INFORMATION IS VITAL TO OUR RECORD KEEPING INCLUDING STATE AUDITS.
- MEALS ARE CURRENTLY DELIVERED TO CLIENTS MONDAY THROUGH FRIDAY OF EACH WEEK EXCEPT IN BAD WEATHER AND ON HOLIDAYS.
- IN CASE OF BAD WEATHER PLEASE WATCH **CHANNEL 2 NEWS** TO SEE IF MEAL DELIVERY IS CANCELLED. WE ARE LISTED UNDER SOCIAL AGENCIES.

***I HAVE THE OPPORTUNTIIY TO READ AND UNDERSTAND THIS DOCUMENT BY SIGNING THIS DOCUMENT I AM WAIVING CERTAIN LEGAL RIGHTS IN THE EVENT OF INJURY, AND BY SIGNING BELOW I ACCEPT AND/OR AGREE TO THE TERMS STATED ABOVE.***

**VOLUNTEER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_