



TO: Nutrition Site Supervisor

FROM: \_\_\_\_\_, Meal Site Coordinator

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

RE: Volunteer Background Check

Please complete a background check on the following potential volunteer:

Name: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_

RACE: \_\_\_\_\_

OFFICIAL USE ONLY:

Cleared by print: \_\_\_\_\_ Signature \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

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Meals on Wheels Volunteer Application

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Please Print:

Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Cell \_\_\_\_\_

Are you over 18 years of age? YES NO US Citizen? YES NO

Do you have car insurance? YES NO DL# \_\_\_\_\_

STATE \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Availability: Monday Tuesday Wednesday Thursday Friday

Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Please define Availability \_\_\_\_\_

\_\_\_\_\_

Have you been convicted of a felony within the last 7 years? YES NO

If yes, please explain: \_\_\_\_\_

PLEASE READ AND INTIAL BELOW

\_\_\_\_\_ I agree and understand that I am subject to background checks prior to serving. This includes National Sex Offender registry, TN. Felony Registry and TN. Abuse registry.

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

Signature: \_\_\_\_\_

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Dear Meals on Wheels Volunteer,

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WELCOME! Thank you for your participation in the Meals on Wheels Program. YOU ARE VERY IMPORTANT TO OUR PROGRAM AND CONSUMERS!

The primary purpose behind the program of serving our seniors is to preserve and support independence and prevent premature or unnecessary nursing home placement. Your participation, whether several times a week or once a month, is truly appreciated.

Now, for some **VERY IMPORTANT GUIDELINES** regarding meal deliveries:

1. The consumer's **confidentiality** is very important. Please do not discuss or divulge any personal knowledge you have regarding the consumer.
2. Most of our homebound consumers are frail and vulnerable. We ask that all volunteers who deliver meals abide by our agency policies of NO SOLICITATION of any kind, accepting gifts or gratuities or espousing personal causes.
3. Emergency? Consumer has fallen and can't get up? **DO NOT move them.** Call 911. If they tell you not to call 911, call the coordinator who will have their emergency contact's phone number. It still may be necessary to call 911 regardless. This situation is RARE.
4. Meals should be kept in their carriers until delivery to the consumer in order to prevent food poisoning. It is important to keep the hot food hot and the cold food cold. Do not spend too much time with the consumer. Remember, each person on your route is counting on you to keep their food temperatures right so they can feel safe.
5. When you arrive at the consumer's home, please check your route sheet for any special instructions. Be sure to give the consumer all needed items.
6. MEALS ARE NOT TO BE LEFT IF A CONSUMER IS NOT HOME unless specified on the route sheet or requested by consumer and approved. Use your best judgement. If they are not home let the meal site coordinator know that person was not home. The meal may be given to another person on the route.
7. If a consumer wants to cancel service or make a complaint, please notify the site coordinator to investigate. If you do not go back to the site, call the coordinator immediately.
8. **Please relay all messages from the consumer to the site coordinator.** Sometimes the consumer may tell you they don't want the meal, cancelled the meal or other assorted messages. It is very important that we check these kinds of situations thoroughly before the meal is stopped.
9. Check the route sheet before leaving the site. You should have one meal per person on your route. Verify that your sheet is correct and if there is a question, please ask!
10. Consumers who receive our meals have been referred by the Area Agency management service, which has determined that this consumer is eligible for meals.
11. If you are unable to deliver meals on your scheduled day, please let the coordinator know as soon as possible so we can plan for the deliveries.

Your Site Coordinator's Name \_\_\_\_\_ Phone \_\_\_\_\_

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Revised 1-18-23



## Meals on Wheels Volunteer Job Description

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PROGRAM: Meals on Wheels

POSITION TITLE: Meals on Wheels Volunteer

REPORTS TO: Meal Site Coordinator

JOB SUMMARY: Deliver pre-packaged meals to area seniors or disabled consumers

### DUTIES AND RESPONSIBILITIES:

1. Deliver meals on a designated day to seniors or disabled in your community who otherwise may not receive a hot nutritious meal.
2. Transport and deliver meals in your own vehicle in such a way as to preserve temperature and sanitary conditions.
3. Maintain a log of your time for tax records if desired.
4. Be helpful and pleasant to the consumer.
5. Report consumer problems concerning delivery to your meal site coordinator.
6. Responsible for occasionally delivering education materials and extra meals for holidays and snow days.
7. Responsible for occasionally delivering donation envelopes to each consumer and returning donation to the meal site coordinator when received from a consumer.
8. All Volunteers are asked to cooperate with the Site Coordinator, Site Administration and other Volunteers. The goal is to produce an atmosphere conducive to making the experience desirable to all involved so everyone can be happy.

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## Meals on Wheels Holiday Schedule

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Meals on Wheels are closed the following holidays:

New Year's Day

Martin Luther King Day

President's Day

Good Friday

Memorial Day

Juneteenth

Independence Day

Annual Training Day

Labor Day

Veteran's Day

Thanksgiving Day

Optional Thanksgiving Day (Friday)

Christmas Eve

Christmas Day

Holiday meals will be provided to consumers to cover meals on these days and a Holiday schedule is posted at each site.

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## **Inclement Weather Policy**

*We do not provide meals when schools are closed for the safety of our volunteers and employees. Individual sites correspond with the following schedule:*

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### **Elizabethton City Schools**

Elizabethton Senior Center  
Watauga Town Hall

### **Carter County**

Stoney Creek  
Siam  
Hampton  
Mountain Electric

### **Johnson County**

Mountain City

### **Bristol City Schools**

Bristol Slater Center  
Edgemont Towers

### **Sullivan County**

Piney Flats  
Blountville  
Bluff City  
Gravelly

### **Kingsport City Schools**

Kingsport Senior Center  
Maple Oaks  
Kiwanis Towers

### **Hawkins County**

Church Hill Senior Center  
Mt Carmel Senior Center  
Rogersville Senior Center

### **Hancock County**

Sneedville Senior Center

### **Greeneville City Schools**

Roby Fitzgerald Senior Center  
Plaza Towers

### **Washington County**

Jonesborough Senior Center  
Boones Creek  
Gray  
Limestone

### **Unicoi County Schools**

Erwin Clinchfield Senior Center  
Unicoi County  
Unicoi

### **Johnson City Schools**

Johnson City Route (FTHRA)  
JCMP  
/Peak

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Meals on Wheels Confidentiality Statement

I, \_\_\_\_\_, understand that as a Meals on Wheels volunteer, I am prohibited from releasing any unauthorized confidential information which may come to my attention in the course of my volunteer duties.

Moreover, I understand that any breach of client confidentiality resulting from my unauthorized written, or verbal release of information or records provides grounds for immediate dismissal from Meals on Wheels as a volunteer.

Volunteer Signature: \_\_\_\_\_

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

Volunteer Waiver of Liability

Thank you for volunteering today! We greatly appreciate your assistance and commitment to helping citizens in need within our community. Our insurance policy requires that we have an accurate record of all volunteers. This is an annual form where you agree to release First Tennessee Human Resource Agency and its Program(s) of all liability while working with First Tennessee Human Resource Agency and its Program(s).

This Release and Waiver of Liability (the "Release") executed on the date shown next to my signature below (the "Volunteer") in favor of First Tennessee Human Resource Agency and its Program(s), a non-profit corporation, their directors, officers, employees, and agents (collectively, "FTHRA and Program(s)").

The Volunteer desires to work as a volunteer for FTHRA and its Program(s) and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include dealing directly with clients and citizens, working in FTHRA and its Program(s) offices, working in public, participating in special events and fundraisers, and assisting with at-risk Program clients.

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The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless FTHRA and Program(s) and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Efforts and Activities with Agency and Program(s). Volunteer understands that this Release discharges FTHRA and Program(s) from any liability or claim that the Volunteer may have against FTHRA and Program(s) with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer’s Activities with Agency and Program(s), whether caused by the negligence of Agency and Program(s) or its officers, directors, employees, agents, or otherwise. Volunteer also understands that FTHRA and its Program(s) do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment:** Volunteer does hereby release and forever discharge FTHRA and its Program(s) from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities with FTHRA and its Program(s).

**Assumption of the Risk:** The Volunteer understands that the Efforts and Activities include work that may be hazardous to the Volunteer, including, but not limited to, loading and unloading, and transportation to and from sites for work. Specific volunteer program duties are outlined in the program volunteer packet(s). Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases FTHRA and its Program(s) from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** Limited Volunteer Accident Insurance is provided and is a medical insurance policy which covers accidents involving volunteers on the work site or in other supervised events. Volunteer Accident Insurance pays after the Volunteer’s personal insurance. Volunteer Accident Insurance pays up to its limits of coverage. The Volunteer understands that FTHRA and Program(s) do not carry or maintain full health, medical, or disability insurance for any Volunteer.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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