

**VOLUNTEER APPLICATION** (please print clearly)

Name \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_  
 (Street) (City) (State/Zip)

Contact: Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Emergency Contact \_\_\_\_\_

May we email you with organizational updates? Yes/No May we text / call you for scheduling? (circle one or both)

Which days of the week are you available? M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F \_\_\_\_ Flexible \_\_\_\_\_

I would like to participate with: Delivery of Meals \_\_\_\_\_ Kitchen \_\_\_\_\_ On Call/Back-up Driver \_\_\_\_\_  
 On-Call/Back-up Kitchen \_\_\_\_\_ Office Help \_\_\_\_\_ Outreach/Special Events \_\_\_\_\_

If you have personal restrictions which might affect your volunteer placement with MOW, please explain: example -cannot stand for long periods of time \_\_\_\_\_

What was/is your main job or career area and please list any experience, knowledge or skills that you would like to contribute as a volunteer with us:

List 2 references (not a relative) you have known for more than one year:

Name	Address, City, State	Area Code/Phone #	Relationship

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Auto Insurance Policy # \_\_\_\_\_  
 Auto Year/Make/Model/Color \_\_\_\_\_

Have you ever been convicted of a criminal offense, accused of any abuse or maltreatment to a child or elder, or been a defendant in a civil action for intentional tort? If yes, please describe the offense, date of offense and disposition of the action. \_\_\_\_\_

I understand that to protect recipients, a routine check of my name through law enforcement license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will. I certify that information given herein is true and complete to the best of my knowledge. I also acknowledge receiving and understanding the attached Volunteer Guidelines Sheet and I agree to all the terms listed.

Signature \_\_\_\_\_ Date \_\_\_\_\_ **Turn over for background check approval**

## Meals on Wheels of the Palm Beaches Volunteer Guidelines & Responsibilities

- \_\_\_\_\_ 1. With regard to your volunteer schedule, if you're unable to volunteer on your regularly scheduled day, please call or text to advise the Program Coordinator as soon as you know you need the day off. This way we can easily arrange for a substitute. We know sometimes last minute challenges come up and we work with them, but we are grateful for any last minute cancellations you are able to avoid.
- \_\_\_\_\_ 2. Volunteers may not conduct any type of political campaigning, religious proselytizing, sales or marketing with meal clients, kitchen staff or other volunteers during the volunteer time they donate to the organization. We respect everyone's differences of faith and opinions, and every volunteer is important to us and comes to give of their personal time. We ask everyone to join us in respecting that time.
- \_\_\_\_\_ 3. Volunteers will be trained and supported by our staff in whichever opportunity they are interested in. Our mission work is an important service in our community and every volunteer should be proud of what they contribute. Although we remain flexible wherever possible, there are certain procedures we have in place and demonstrate during training that support accomplishing our mission work efficiently and/or within our established guidelines. The Program Coordinator and Director are always available for questions and support after the initial training, and will work to support volunteers, share information and update on new procedures which are put into place.
- \_\_\_\_\_ 4. A volunteer's personal car insurance is the primary coverage while driving to their volunteer opportunities and for making meal deliveries to clients for Meals on Wheels of the Palm Beaches, Inc.
- \_\_\_\_\_ 5. Volunteers working in the kitchen have the unique opportunity of being team members with other volunteers. Working with a team requires a cooperative, friendly attitude and has many rewards. Many of our team volunteers have found new friendships here. Our staff will train and provide support to the kitchen team members to work independently when they arrive in the morning, as well as provide ongoing supportive training as needed.
- \_\_\_\_\_ 6. Volunteers may not give or loan money to clients, accept any money from clients for meal payments or otherwise, provide transportation, or do household chores during the volunteer time they donate to the organization due to safety and liability concerns.
- \_\_\_\_\_ 7. Volunteers at the meal pickup area should please check that they have the correct amount of hot meals, side items, beverages and any condiments. All drivers must use thermal bags/coolers to deliver meals for food safety purposes, and may not use boxes or open bags to transport the food. Hot meals are packed with a microwaved hot pack, and cold items are packed in a separate thermal bag with a cold pack.
- \_\_\_\_\_ 8. While making deliveries, please make eye contact with the client and give them a friendly greeting. Volunteers should not enter the home unless asked or invited in by the client, or the route sheet instructions say knock and enter. You may be asked to put the meal on the table for them at times. If no one is at home, please attempt to call the client – the phone # is on the route sheet. If there is no answer to the call, please call the Program Coordinator's cell phone to advise of the clients' absence. We may call the client's emergency contact. Food may be left in a cooler with an ice pack if the client has left one out. If there is no cooler or if there is no ice pack, the meal cannot be left for safety and liability reasons.
- \_\_\_\_\_ 9. If you have reason to suspect a medical emergency with a client, please call "911" and wait until emergency help arrives. Please also then immediately contact the Program Coordinator after calling 911. Whenever you have a non-emergency concern about a client, we would also like to be notified so we may pass it along to the family.

I have read the Volunteer Guidelines and Responsibilities and agree to abide by them during my tenure as a Volunteer with Meals on Wheels of the Palm Beaches.

X \_\_\_\_\_

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

# FDLE CRIMINAL HISTORY CHECK AUTHORIZATION

Meals on Wheels of the Palm Beaches, Inc. requires that an FDLE Criminal History Check be completed on all Staff and Volunteers. Please provide the information below and sign, authorizing MOW to conduct the background check.

Applicant Name:

\_\_\_\_\_

(Last - First - Middle)

Other Names Applicant has used (include Maiden and Nicknames):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: (Circle One)    Black – White – Asian – American Indian  
                                 Alaskan Native – Unknown – Other \_\_\_\_\_

Sex: (Circle One)    Male    Female

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

\_\_\_\_\_

I hereby give permission to Meals on Wheels of the Palm Beaches, Inc. to have a “Request for FDLE Criminal History Information” completed on me.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# QUICK REFERENCE GUIDE

WE ARE  
**Meals On Wheels**  
So no senior goes hungry.

PALM  
BEACHES

## GENERAL

**OFFICE (561) 802-6979**



•	Once on the Volunteer Calendar – please note your scheduled day & time of arrival
•	We depend on our scheduled volunteers but we also understand there will be times you will need to cancel. Please advise the Volunteer Coordinator by phone call or text as early as possible so that we may find a substitute for your day.
•	Volunteers are a diverse group – please respect and celebrate our differences!
•	We communicate updates, information and event invitations by email. Please check your spam folder & share your current contact information with us. Thanks!

## MEAL DELIVERY



•	Please greet clients in a friendly manner & look them in the eye.
•	If the client doesn't answer the door, please call them. (# is on the route sheet). If still no response – please call & advise the Volunteer Coordinator who will call the client's contact person. The meal may not be left at the door & should be given to another client on the route.
•	Meals may be left at the door only when the client has left a cooler with cold pack
•	<b>EMERGENCIES:</b> If you encounter a situation where a client needs medical attention – please call 911 and then call the office to advise us. Please wait until emergency personnel arrive on the scene before continuing deliveries.
•	<b>Safety:</b> Please never place yourself in a situation where your safety may be compromised. This includes weather related issues and other unsafe delivery conditions. Contact the office and advise us of the situation.

## KITCHEN



•	Although a chef cooks our menu – our daily volunteer kitchen teams are key to plating, assembling and packing the meals each day.
•	We provide our written kitchen procedures to all volunteers and most find it to be a helpful resource to refer to after the initial training. A MOWPB staff member is always present at the kitchen for assistance.
•	<b>Safety &amp; food handling guidelines:</b> Kitchen volunteers must wear closed shoes or sneakers & long pants. No sandals, shorts or tank tops. Long hair may be pulled back and secured, short hair requires hairnet or baseball cap. Gloves are put on

## CLIENTS

•	Clients have varying degrees of self-care capability, outside assistance and independence and all should be treated with equal dignity.
•	MOWPB volunteers may not assist client with household tasks or take client to appointments during volunteer hours for safety & liability reasons.