

MEALS ON WHEELS OF NEW CASTLE INC

Meals on Wheel of New Castle, Inc.

Volunteer Handbook



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Our Mission Statement

To supplement the independence and well being of homebound individuals by providing nutritious, affordable meals delivered by caring volunteers.

WELCOME

Dear Volunteer,

Welcome to Meals on Wheels of New Castle. You are now part of a dedicated group of volunteers who deliver nutritious meals and a daily visit to homebound individuals in our community. Because of your commitment to this agency, our clients are able to keep their dignity and independence, and maintain an acceptable quality of life. For many of the people we serve, you are the only person that they will see each day. I hope that your experience with us will be both pleasant and rewarding, as you bring comfort and enhance the quality of life for those we serve.

This handbook has been created as a convenient reference tool for our volunteers, offering useful and practical information. For legal and accountability purposes, this booklet contains policies and procedures which protect the agency, our clients, and the volunteers. Please take a few minutes to review its contents, and feel free to ask for clarification or explanation if necessary.

You are an extremely important part of our organization, and we are grateful that you have chosen us as your volunteer experience – we think it's the greatest volunteer job in town!

Anne Crowe

Anne Crowe
Program Coordinator

ABOUT THE PROGRAM

Meals on Wheels, which began home-delivered meals in New Castle on September 11, 1970, is a nonprofit corporation governed by a 10-member volunteer board of directors. Originally operating out of the Salvation Army building on Grant Street, the program now works in partnership with UPMC Nutritional Services. Their dietary staff prepares and packages all meals, including special dietary menus such as low sodium, renal or diabetic meals. Our friendly volunteers deliver to our clients one hot meal and one cold meal weekdays between 10:30 am and 12:30 pm.

While the majority of Meals on Wheels recipients are elderly, the program is available to homebound persons of any age or economic status who are unable to shop for and/or prepare meals for themselves. Meals can be served on a long term basis or for a few weeks to help with recuperation, to aid in a crisis, or to provide a caregiver with respite care.

Meals on Wheels of New Castle is funded solely by meal payments from our clients, and donations from churches, civic organizations, foundations and other members of our community. We are a member of the Meals on Wheels Association of America, the Meals on Wheels Association of Pennsylvania, and the Lawrence County Council of Community Services.



VOLUNTEER AGREEMENT

I agree to abide by the rules and regulations of Meals on Wheels of New Castle to the best of my ability.

I agree to respect the confidential nature of my personal contact with recipients, by not discussing or divulging names, address and situations except with the Program Coordinator in cases of extreme concern.

I agree to respect the rights and privacy of recipients and I will not offer medical advice, or discuss my religious beliefs or political attitudes.

I agree to NEVER solicit clients for business purposes, NEVER accept gifts from clients, and NEVER accept tips of delivery of meals.

I understand the importance of notifying the Program Coordinator if I cannot perform my volunteer job.

I agree to keep a CURRENT Pennsylvania driver's license, an automobile inspection sticker, and liability insurance coverage on my vehicle, as required by PennDOT's Department of Motor Vehicles.

I give my permission to MOWNC to perform a background check. If I dispute the history record, I will have an opportunity to request another review.

I pledge to serve those who are in need, not only with a meal, but also with understanding and patience. In working towards this goal, I pledge to cooperate with my fellow volunteers, never forgetting those we serve, and why we serve. For it is in giving that we also receive.

Confidentiality Policy

It is the policy of the Meals on Wheels of New Castle to respect the rights and privacy of all recipients. Medical or financial advice or discussions regarding religious beliefs or political attitudes are strongly discouraged and is a basis for dismissal from volunteering with us.

Insurance and Liability

Your personal automobile insurance protects you while you are driving for MOW business. Volunteers are protected by MOW liability insurance for bodily injury or property damage to others arising from their volunteer duties. Damage arising from the use of an automobile is excluded from MOW Insurance.

Notice to Volunteers Regarding Background Investigation

When you apply to be a volunteer with MOW, you will be asked to give your permission authorizing a background investigation. The completion of the background investigation protects MOW and our clients.

Prospective volunteers refusing to allow this background check will not be permitted to volunteer with MOW.

A volunteer may begin his/her service while the check is in process.

PROCEDURES FOR DRIVERS AND RUNNERS

In case of your personal absence please notify the Program Coordinator as soon as the absence is known. Allowing at least two weeks notice will be helpful in order to arrange a substitute. You may do this in person, by email, or by voice message at the office.

If you become ill, or have an emergency, and can not give at least 72 hours notice, you must contact the Coordinator by his/her cell phone. Do NOT rely on a message left on the office phone or an email as these messages may not be retrieved in time to arrange a substitute.

Wear comfortable shoes and clothing suitable for the weather. Carry photo ID while delivering meals.

Arrive at the kitchen no later than 10:20 am unless otherwise advised.

Check the Route Binder as soon as you arrive. Each route has a binder containing a Route Sheet with the name, address, and special instructions for each client. The binders also contain maps of each location.

Each client will receive one hot meal and one cold bag unless otherwise indicated. **Before you leave the kitchen, check that the number of meals and bags matches the number of clients.** If there is a discrepancy, call it to the attention of the person in charge.

When you leave the kitchen, your hot meals must leave the facility in an MOW insulated bag. Once at your car, you may transfer over to a container of your choice.

Put the carrier and bags in your car in a way that prevents them from slipping and sliding, preferably in the back seat. Carrier lids should be kept closed at all times to maintain the temperature of the meals. Handle food trays carefully to avoid tilting and mingling of liquids. It is important that you have adequate gasoline to complete your route and that the vehicle is running properly.

Clients sometimes ask for small favors, like getting their mail or newspaper, opening their milk or getting eating utensils from their kitchen. These are little courtesies and you may assist the client with these requests. They may ask for other tasks to be done while you are there – do so only if you are comfortable with the request. We discourage you from lifting or moving anything. DO NOT give any type of medication, prescription or otherwise.

Do not place yourself in an unsafe situation. If something about the condition of the premises or demeanor of the client alarms you, use your judgment. It is better to defer delivery of a meal than to cause harm to you.

Some of our clients prefer to give their payment to the volunteers as opposed to mailing it in to the office. Encourage the client to mail the check to the office. You may accept a check, as long as it is correctly completed. Never accept cash from a client. Refer any questions about the bill or amount owed etc. to the office.

When delivering meals, if the client does not answer the door, check the Route Sheet for any special instructions. If there are no special instructions for delivery on the route sheet, follow this procedure:

1. Call the client – they may be home and simply did not hear you. Their number is listed next to their name on the route sheet.
2. If the client doesn't answer the phone, look for the presence of a cooler or ice chest. You may leave the meal in that ice chest. Do not leave the meal out in the open.
3. Even though the door may be unlocked or open, avoid entering the premises unless the client has given permission. You would see a notation on the Route Sheet if the client is agreeable to you entering the home.
4. Call the office with concerns. If indicated, the Program Coordinator will call the emergency contact for that client.

EMERGENCY PROCEDURES

Meals on Wheels recipients are some of the most vulnerable members of our community. Any observations regarding the deterioration of the client's physical, emotional or mental condition should be reported to the Program Coordinator as soon as possible.

Emergency situations should be approached with extreme caution. It is critical to insure the health, safety and well-being of all recipients as well as volunteers.

If you find the client hurt, very ill, confused, or unconscious, remain calm. **Do not lift or move the client or administer first aid – this may do more harm to him/her or to you.** Make sure the area around the client is safe, **call 911** and then call the MOW office at 724-654-6155. **In all situations, do not leave until help has arrived.**

It is strongly recommended that you carry a cell phone with you at all times. Please make sure the office has that number.

Complete and Return to the Program Coordinator

Meals On Wheels Of New Castle, Inc.

Volunteer Application

Your Information:

Name			
Address			
Home Phone		Cell Phone	
Email			
DOB		DL #	

Are you currently employed?	Yes		No	
Are you retired?	Yes		No	

I would be interested in volunteering regularly as a:

Driver	Runner	Office help
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I would be interested in volunteering regularly on the following schedule:

Weekly	Monthly	Other	
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I would be interested in substituting

Sub Driver	Sub Runner	Office Help
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I am available on the following days:

Monday	Tuesday	Wednesday	Thursday	Friday
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Other considerations regarding your availability?

Complete and Return to the Program Coordinator

VOLUNTEER AGREEMENT AND RELEASE FROM LIABILITY

MEALS ON WHEELS OF NEW CASTLE, INC

In signing this form, I understand and agree to the following terms/conditions related to volunteering my services to Meals on Wheels of New Castle, Inc.

Volunteer name: _____

I recognize that as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: employees, volunteers, clients and visitors.

I agree to maintain the confidentiality of all volunteers, clients and donors about whom I have personal and identifying information. Please initial here: _____

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. Please initial here: _____

I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. Please initial here: _____

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release Meals on Wheels of New Castle, Inc. from all action, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. Please initial here: _____

If my volunteer services includes driving an automobile, I acknowledge that I have both a valid drivers license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. Please initial here: _____

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Volunteer Signature

Date

Complete and Return to the Program Coordinator

MEALS ON WHEELS OF NEW CASTLE, INC.

NOTICE TO VOLUNTEERS REGARDING BACKGROUND INVESTIGATION

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with Meals on Wheels of New Castle, Inc.

I understand that, if I am approved for volunteer service by Meals on Wheels of New Castle, Inc., this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of Meals on Wheels of New Castle, Inc., such may be necessary.

I hereby release and discharge to the extent permitted by law, [Meals on Wheels of New Castle, Inc.](#), its employees, any individual or agency obtaining information for Meals on Wheels of New Castle, Inc. and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of Meals on Wheels of New Castle, Inc.

By signing below, I, _____, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

AUTHORIZATION

Print Name (last, first, middle) _____
Social Security Number

Date of Birth (MM/DD/YYYY) _____
Drivers License Number _____
Drivers License State

(For ID Purposes Only)

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 10 Years) _____

Signature

Date