

MEALS ON WHEELS OF NEW CASTLE INC

Meals on Wheel of New Castle, Inc.

Volunteer Handbook



MEALS on WHEELS
NEW CASTLE

PO Box 5122
New Castle, PA 16105

724-654-6155
mownc1@gmail.com

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**Meals on Wheels of New Castle
Mission Statement
September 2020**

The mission of Meals on Wheels of New Castle is to provide nutritious, fresh meals to those in the greater New Castle area who need help in staying healthy and independent in their own homes. We strive to promote the dignity and independence of adults, regardless of age, persons with disabilities, and other homebound persons who are having difficulty shopping for and preparing meals.

We endeavor to provide not only nutritional support, but emotional support and an improvement in overall well-being in the individuals we serve. We look for opportunities to collaborate with local social services and support our clients with referrals and information sharing.

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 and the Lawrence County Council of Community Services.



INFORMATION ABOUT OUR SERVICE AND OUR CLIENTS

There are two types of meals services offered to the elderly via the standards established by the Office on Aging: congregant meals and home delivered meals. Congregant meals are meals provided in a group setting, such as in a senior center. Home delivered meals are meals delivered to a client's home. Usually, two separate types of agencies provide these two separate types of service.

Most people have heard the term Meals on Wheels, but have a limited concept of what is entailed. Many providers of home delivered meals call themselves Meals on Wheels when in truth, only members of the national organization, Meals on Wheels of America, can actually use that name.

Each Meals on Wheels programs operate independently from each other, and provide differing types of service in terms of which meals are provided; whether or not the client can choose the foods they receive; fresh foods vs frozen; and the cost. A local Meals on Wheels may be independent, or they may be provided by a governing entity such as a church or senior programming.

The cost to the client differs between Meals on Wheels agencies. For some, there is no cost as the program is subsidized. Others pay a flat monthly fee. Our Meals on Wheels is a fee for service; the client pays for the number of meals they receive in a month. Specifically, they pay the exact cost that we get charged from our meal provider. Currently we are charged \$6 daily for lunch and supper; the client is charged \$6 daily. (The funds we need to operate come from other sources such as donations from the community.)

Clients come to us a variety of ways. Many of our clients are referred to us by hospitals, doctors, or other service agencies. Some clients are referred to us by family, children, neighbors or friends. At times, the client themselves recognize they need help and refer themselves. Families often pay for the meals as a way of encouraging the client to accept the help, or to provide financial assistance. Some insurances will pay for home delivered meals.

We discourage the enrollment of young adults and children; our meals are set to meet the nutritional needs of the elderly. When a person calls to inquire, general information is obtained through that first phone call; after the client gets started, they are asked to complete a few forms. Clients are expected to pre-pay before their meals start.

Most of our clients experience one or more of the following situations:

- | | |
|---|-------------------------------|
| Have trouble using appliances | Have trouble preparing foods |
| Have trouble getting to the store | Have trouble grocery shopping |
| Have special dietary needs | Have a poor appetite |
| Live alone | Have health issues |
| Lost their spouse or caregiver | Don't enjoy cooking |
| Have safety issues while cooking | Forget to eat |
| Don't eat nutritious food | Not a good cook |
| Don't get much company | |
| Recovering from: illness, injury, surgery | |

In the days before COVID, our volunteers might enter a client's home at their request and put the food in a designated location such as the refrigerator. The volunteer might engage the client for a few minutes, bring in the mail or paper, and pay a little bit of attention, which goes a long way to help the client feel less isolated. Although our volunteers rarely have medical training, common sense tells you when something is amiss. The volunteer should report concerns to the Program Coordinator, who will then determine whether a call to the family or to 911 is necessary.

Sadly, due to COVID we are no longer able to hand clients their food directly and visit with them. We now deliver to an ice chest.....clients are expected to provide an ice chest or cooler and put it beside their door. The volunteer might call the client to alert them, or knock on the door.

If a client is having trouble paying their bill for their meals; we will help them for a short time by reducing the cost of the meals by an established amount. We often have community members donate money specifically to help those who are having trouble paying their bill. We call this "sponsorship".

HOW DO YOU FIT IN?

The heart of our service is our volunteers. There would be NO Meals on Wheels without you.

In some MOW, the volunteers shop for the food and supplies, cook the food, plate the hot food, prepare sandwiches, pack cold meals, deliver the food, bill the clients, and handle the intake of new clients.

For this MOW, we have a partnership with UPMC Senior Communities, who handles all of the food related responsibilities. The Program Coordinator takes care of the clients and handles the billing. The volunteers serve by delivering the meals.

Volunteers usually start out by serving as a substitute. When the Coordinator becomes aware that a permanent volunteer will be absent, an announcement is posted via an email. All volunteers, permanent and substitute, will have the chance to offer to fill that opening. Sometimes the opening is for a single date; other times it could be longer term such as three months.

Permanent volunteers serve on a regular weekly schedule. They are assigned to one specific route, once a week. For example, every week that person reports on Wednesday to deliver on Route Four. If a permanent volunteer finds they are no longer able to fulfill their responsibilities and resigns, a replacement is usually sought from the pool of substitutes.

We ALWAYS need new volunteers. People get sick, or they travel, or perhaps move. It takes approximately 75 volunteers to cover all the routes, every week, plus a few substitutes.

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. The Coordinator prefers you NOT text this information.

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. Dress casually but appropriately: no abbreviated tops, skirts or shorts. Sandals are not recommended, they leave your toes open to injury. Wear a cloth or paper **mask** following CDC guidelines. Gloves are recommended, but only if you change them in between each client. Put a MOW placard in your car window. If you don't have one, ask the Coordinator for a placard.

Arrive at MOW at your assigned time. If you don't know what that is, ask. Assigned arrival times are to reduce congregating and promote social distancing.

Check the Route Binder on your cart 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. Check the front of the route binder for a note card with any recent changes.

Each client will receive one hot meal and one cold bag unless otherwise indicated. **Before you leave, 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 MOW, your hot meals must leave in an insulated bag. Ideally, your cold meals should leave in a separate insulated bag.

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.

In an effort to avoid the spread of COVID, we will no longer hand food directly to the client, nor enter the home and place food inside. All clients must have an ice chest or cooler placed outside their door. When the temps are warm the client should put ice inside their cooler. We will put the food in the ice chest.

Some clients will want a phone call when we arrive or somewhat before. Other clients may be watching for our arrival from inside their home. If the client does not have an ice chest, try calling the client then contact the office for advice.

We can no longer deliver to individual apartments due to the potential contact with many people. The clients' ice chests will be placed in the lobby of the apartment building. The client may wish to have a phone call when you are close, so they can place the ice chest.

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.

The above advice includes traveling risky walkways and driveways due to winter weather. If it looks hazardous, don't deliver the meal. Meals can be refunded but you cannot be replaced.

We won't know whether or not a client is sick. If you chose not to wear gloves when manipulating the ice chest, make sure to use hand sanitizer. Frequently.

Some of our clients prefer to give their payment to the volunteers as opposed to mailing it in to the office. They may leave the check inside the ice chest. If you are uncomfortable taking possession of a check, you can leave it behind with a note to please mail the payment. If you accept the check, make sure it is correctly completed and legible. Never accept cash from a client. Refer any questions about the bill or amount owed etc. to the office.

Sometimes the client expects you to convey messages to the office. Although appreciated, it's not your responsibility to be a secretary. Ask the client to call the office and give them the phone number.

When delivering meals, check the Route Sheet for any special instructions.

If there are no special instructions to the contrary, follow this procedure:

-If indicated, call the client shortly before you arrive.

-Place the food in the ice chest and tap on the door, except where indicated.

-If there is no ice chest, call the client, they may have forgotten. Their number is listed next to their name on the route sheet.

-If the client doesn't answer the phone, look for the presence of a cooler or ice chest in a different location.

-Don't disregard the importance of the ice chest; it is as much for temperature control as it is to protect the food. Do not leave the meal out in the open, even if placed in a plastic bag.

-We give a new client the benefit of the doubt for a few deliveries to get in the habit of putting out their ice chest. After that, no ice chest, no food. No negotiation. It's hard to deny food. Assuredly, it will only happen once.

Questions? Call the office or the coordinator's cell phone.

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. The Program Coordinator will determine the urgency, and decide to contact family or 911.

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.

CANCELTION OF DELIVERIES

Western Pennsylvania winter weather may make delivering meals unsafe for the volunteers. In addition to snow covered or icy roads, sidewalks and driveways may cause a problem as our clients are not physically able to clear their walks and driveways.

Very early in the morning, the Coordinator and Board President will confer, taking into account weather forecasts, PennDOT information, discussion on social media, and school closures. If it is decided that it is too dangerous to deliver meals, the announcement will be made on WKBN 27 and WPXI 11, the MOW voicemail, and perhaps FaceBook. Although we have too many clients for each to receive an individual call, the volunteers will receive a call, text, or email to let them know about the closure. It is the volunteer's responsibility to monitor these avenues and watch for the announcement.

Should we deliver, and the volunteer reaches a client's home, and finds the drive and walks snow covered, icy or hazardous, it is the volunteer's right to refuse delivery and protect their own safety.

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.

COVID POLICY

Maintaining your safety and the safety of our clients is our utmost priority. We have changed our delivery procedures in response to the COVID threat: avoiding contact with other volunteers; avoiding contact with clients; use of an ice chest instead of handing meals to the client.

We insist upon the use of facial masks. Paper or fabric masks can be utilized. We will have paper masks on hand; fabric masks are up to the individual to provide. You must wear a mask when approaching the facility and collecting your meals. You must wear a mask while interacting with other volunteers and / or the Program Coordinator. Although the clients are not to have contact with you, you must wear a mask while approaching a home/apartment and placing the meal in the individual's ice chest. Wearing a mask in the car if you are by yourself is unnecessary. However, you must wear a mask while in the car if you have another MOW volunteer with you.

Prior to beginning your volunteer experience with Meals on Wheels of New Castle it is strongly recommended you obtain a COVID test, and provide proof of negative results. It is also strongly recommended you obtain the coronavirus vaccine.

We can not violate your civil rights by insisting upon being tested and vaccinated. However, at some point we could insist upon a negative test and proof of vaccination prior to volunteering with MOW. We will not at this time.

If you become sick, we will adhere to the recommendations of your personal physician in terms of how long you need to quarantine yourself before you can return to volunteering.

I have read the COVID policy.

Signature

Date

Keep for your records

VOLUNTEER CODE

*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 clients, by not discussing or divulging names, address, or other personally identifiable information, except with the Program Coordinator.

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

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

*I understand the importance of notifying the Program Coordinator in a timely fashion if I cannot perform my volunteer job.

*I agree to keep a CURRENT Pennsylvania driver's license, automobile inspection, and liability insurance coverage on my vehicle as required by regulations and law.

*I give permission to MOWNC to perform a background check using my social security number. If I dispute the history record, I will have another 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.

“If you could only sense how important you are to the lives of those you meet; how important you can be to the people you may never even dream of.”

-Fred Rogers

“I slept and dreamt that life was joy.
I awoke and saw that life was service.
I acted and behold, service was joy.”

-Tegore

KEEP FOR YOUR RECORDS

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?

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We can not violate your civil rights by insisting upon being tested and vaccinated. However, at some point we could insist upon a negative test and proof of vaccination prior to volunteering with MOW. We will not at this time.

If you become sick, we will adhere to the recommendations of your personal physician in terms of how long you need to quarantine yourself before you can return to volunteering.

I have read the COVID policy.

Signature

Date

Return to the Program Coordinator

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 agree that my name and/or image may be used in print or electronically to promote Meals on Wheels activities and purposes. 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 State

(For ID Purposes Only)

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 10 Years) _____

Signature

Date