



Amherst Meals On Wheels, Inc.

370 John James Audubon Pkwy • Amherst, New York • 14228
Phone (716) 636-3065 Fax (716) 636-3069

Authorization for Background Check

Due to the nature of services provided to our clients, volunteers have greater access to personal information of the clients than the general public. For this reason, a Law Enforcement Background Check is completed by the Amherst Police Department for **all** volunteers.

Please Print clearly:

Name: _____
 First M.I. Last

Address: _____
 Street City Zip Code

Home Phone#: _____ Work#: _____

Date Of Birth: _____

Have you ever been arrested, indicted or convicted anywhere for any offense except traffic infractions?

YES _____ NO _____

If YES what were the circumstances?

Date /Police Agency /Charge /Disposition /Court Date

It is your responsibility to have a valid Driver's license as well as statutory insurance coverage. Amherst Meals On Wheels, Inc. and Amherst Center For Senior Services accepts no responsibility if you do not have a valid Driver's license or automobile insurance coverage.

Name of Automobile Insurance Carrier: _____

Driver's License Number: _____

I, _____ the undersigned, consent and authorize the Amherst Police Department to release information contained in their files including but not necessarily limited to the criminal history, arrest records within the County of Erie and New York State driver's license checks, for myself to officers or agents of Amherst Meals On Wheels, Inc. or the Amherst Center For Senior Services.

SIGNATURE: _____ DATE: _____



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VOLUNTEER INFORMATION SHEET

Please Print

Date: _____

Name: _____
Last First If married, spouse's name

Emergency Contact Person: _____ Relationship: _____

Phone#: _____

Do you carry a cell phone? Yes No Phone Number: _____

Can we contact you by e-mail? Yes No E-mail address: _____

Are you retired? Yes No Occupation: _____

Volunteer Interest: Driver Deliverer Day chair Packer
Scheduling Bookkeeping Clerical

Day(s) Available: M_____ T_____ W_____ TH_____ F_____

I'm available to volunteer on a regular basis: Yes No

I prefer to be called on a substitute basis only: Yes No

I'm only available during the following months: _____

I may be called on an emergency basis: Yes No

I have a friend/family member who is interested in volunteering. Please call:
_____ phone #: _____

Amherst Meals On Wheels service is on a volunteer basis, therefore we ask that you do not accept compensation of any kind from those we serve. Thank you.

For staff use:

Date of interview: _____ Scheduler notification completed: _____

Date sent for background check: _____ Date background check received: _____



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MANDATORY PROCEDURES

These standard guidelines are established by health care authorities and have been developed for the protection of both our clients and volunteers. IT IS MANDATORY THAT THESE PROCEDURES BE FOLLOWED IN ALL CASES AND AT ALL TIMES.

- **IF CLIENT HAS FALLEN** - Do **not** attempt to move client. **Call 911** for assistance, then call AMOW office at 636-3065. If at all possible it is best to use the client's phone or another landline to call **911**. If you call **911** from a cell phone make sure you have the exact address of the client to provide to the **911** operator and you may be transferred from one operator to another.
- **If client is unconscious, short of breath, experiencing chest pains or other serious symptoms, call 911** for assistance, then call the AMOW office at **636-3065**. Do **not** attempt to move client.
- **If client is bleeding** - call **911** for assistance. **Remember** that blood and body fluids can contain viruses. If you must attempt to stop bleeding, make sure you use a protective barrier (i.e. latex gloves) between yourself and the blood or bodily fluids. Latex gloves are available in the office. You may keep a pair in your car for an emergency. If you do not have disposable gloves available, use a plastic bag (trash, shopping or sandwich) over your hands to create a barrier.
- **Thoroughly wash hands after any contact and before and after assisting participant with opening meals, cutting meat, etc.**
- Problems encountered along the route should be **CALLED IN IMMEDIATELY TO THE AMOW OFFICE AT 636-3065**. With prior approval and consent from the Amherst Meals On Wheels office, meals may be left for a client in the client's refrigerator or with someone willing to accept the meals on their behalf. The arrangement will be noted on the route sheet if one has been made.

As an Amherst Meals On Wheels Volunteer, you provide a vital service to Amherst residents in need. Your commitment, efficiency and compassion are commendable and we thank you for your continuing efforts to serve our Amherst community.

Please sign below, acknowledging that you understand these procedures.

Signature _____

Date _____



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PHOTO RELEASE FORM

I _____, give permission to Amherst Meals On Wheels, Inc. to use my photograph in their brochure, contribution literature and/or any public relations events which are affiliated with said program. I understand that this literature may be mailed out to the general public throughout the year. Amherst Meals On Wheels, Inc. is authorized to use my photograph for this purpose only, unless otherwise notified by me.

Volunteer Signature: _____ **Date:** _____

Witness: _____ **Date:** _____