

**Amherst  
Meals on Wheels**



## VOLUNTEER APPLICATION

### CONTACT INFORMATION *(please print)*

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

Name: \_\_\_\_\_  
*last first*

Address: \_\_\_\_\_  
*street city state zip code*

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Can we contact you by e-mail?  Yes  No Email: \_\_\_\_\_

Retired:  Yes  No Occupation: \_\_\_\_\_ Spouse's name: \_\_\_\_\_

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

Are you a member of the Amherst Center for Senior Services?  Yes  No

### VOLUNTEER INTEREST

Please check your area(s) of interest:

Drive and deliver meals  Deliver only (ride with driver) *(Time needed: 10:30 am – 12:00 pm approx.)*

Prepare and assemble cold meals  Label bags and pack meals *(Time needed: 8:15 am – 11:15 am)*

How many days per week can you volunteer? \_\_\_\_\_

Day(s) Available:  M  T  W  TH  F

I prefer to be called on a substitute basis only.

I may be called on an emergency basis at 8:00 am if a substitute is needed:  Yes  No

I am only available during the following months: \_\_\_\_\_

### REFERRAL

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

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

**PLEASE NOTE: Since your participation with Amherst Meals on Wheels, Inc. is on a volunteer basis, we ask that you do not accept compensation of any kind from those we serve. Thank you.**

370 John James Audubon Parkway, Amherst, NY 14228 Phone: 716.636.3065 Fax: 716.636.3069

REV. 10/19/2022

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**BACKGROUND CHECK  
AUTHORIZATION**

Due to the nature of services we provide, Amherst Meals on Wheels, Inc. volunteers have access to some of our client’s personal information. For this reason, we require that a Police Background Check is completed by the Amherst Police Department for **all** volunteers.

**VOLUNTEER INFORMATION** *(please print)*

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

Name: \_\_\_\_\_  
*last first*

Address: \_\_\_\_\_  
*street city state zip code*

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ 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?

\_\_\_\_\_  
\_\_\_\_\_

*Please include: Date, Police Agency, Charge, Disposition, and Court Date*

**It is your responsibility to have a valid driver’s license as well as statutory insurance coverage. Amherst Meals on Wheels, Inc. accepts no responsibility if you do not have a valid driver’s license or automobile insurance coverage.**

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.

Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_



The following procedures are established by healthcare 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 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: X \_\_\_\_\_ Date: \_\_\_\_\_

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**COVID 19 QUESTION**

**As we deliver meals to the senior population, it is important that we maintain our health to protect our client base.**

Have you had a Covid-19 Vaccination?  YES  NO

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**PHOTO RELEASE**

I, \_\_\_\_\_ give permission to Amherst Meals on Wheels, Inc. to use my photograph in their brochures, 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.

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

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