



**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.**

# Background Check Authorization

Due to the nature of services we provide, Amherst Meals on Wheels, Inc. volunteers have access to some of our clients' 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: \_\_\_\_\_

## Mandatory Volunteer Delivery Policy and Procedures

### MOW Purpose

- Serve healthy, safe, nutritious meals that enable participants to stay in their home.
- Provide support to seniors who are recovering from hospitalization in their home.
- Provide meals for those who are unable to cook or shop on their own.
- Provide contact with participants who are homebound.

### Meal Delivery

- Be sure all components of the meals are delivered.
  - Be sure that the correct meal(s) are given to each client.
  - **Please keep the coolers and hot boxes closed as much as possible to maintain proper temperatures. DO NOT** remove meals from the hot or cold containers prior to delivery.
- Food Safety** is our top priority to keep clients safe from foodborne illnesses.



You are the “eyes & ears” of the program. If you notice anything that is out of the ordinary, contact AMOW so that we may follow up.



**REMEMBER:** You must hand the meal to the client or someone who helps them in their home – i.e. family member or aide. **We DO NOT leave meals unattended!**

### If No One Answers the Door

- Do not enter a home unless someone is present.
- Check for a note or see if anything looks unusual.
- Call the client on the phone.
- **If no one answers, call the AMOW office at 716-636-3065.** Let us know that you were unable to see or hear the client. Let us call the client and/or their emergency contact before you move on to the next client. We may ask you to redeliver to the client because they did not hear the bell, your call, or were indisposed when you arrived.
- **NEVER** leave the meals if not accepted by a person.

**If you find an emergency**, you should **contact emergency services/911** (see page 4) and ask for the Amherst dispatcher to report the issue. Then call the AMOW office so we can follow up with the emergency contact.

### Test Meals

- Test meals are conducted on each delivery route monthly.
- The test meal is completed at the final delivery destination on the route.
- You will be trained in how to complete the test meal procedure.

## Mandatory Volunteer Delivery Policy and Procedures (con't)

### Emergency Situations and Calling 911

The following **mandatory procedures** have been developed by healthcare authorities for the protection of both our clients and volunteers and must be **followed at all times**.

#### Calling “911” Emergency Services

- If you call 911 during a client emergency situation, **ask for the Amherst dispatcher**. You may be transferred from one operator to another.
- It is best to use the client’s landline phone as sometimes 911 operators cannot determine a location from a cell phone call. Of course, use the client’s cell phone or your cell phone if a landline is not available. Make sure you have the exact address of the client’s residence to provide to the **911** operator.

#### Possible Emergency Situations

- **If a client has fallen - do not** attempt to move client. **Call 911** for assistance, then call the AMOW office at 636-3065.
- **If the client is unconscious, short of breath, experiencing chest pain or other serious symptoms, do not** attempt to move client. **Call 911** for assistance, then call the AMOW office at 636-3065.
- **If the 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, grocery, or sandwich bags) over your hands to create a barrier.
- **Thoroughly wash hands after any contact and before and after assisting participants 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 AMOW office, meals may be left 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: \_\_\_\_\_