

Three Rivers Community Action, Inc.
Meals-on-Wheels Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

What days are you available to deliver?

Monday Tuesday Wednesday Thursday Friday Saturday Any

Are you willing to drive a second route if we have a volunteer who is unable to deliver?

Yes No

When is the best time to reach you: _____

Please check the community in which you prefer to volunteer:

<input type="checkbox"/> Cannon Falls	<input type="checkbox"/> Kellogg	<input type="checkbox"/> Morristown	<input type="checkbox"/> Wanamingo
<input type="checkbox"/> Faribault	<input type="checkbox"/> Lonsdale	<input type="checkbox"/> Pine Island	<input type="checkbox"/> Zumbrota
<input type="checkbox"/> Goodhue	<input type="checkbox"/> Mazeppa	<input type="checkbox"/> Wabasha	

As a Home Delivered Meals Driver Volunteer, it is required that you have a valid driver's license and current auto insurance, unless you do not drive, but assist in delivery only.

Driver's License # _____ Current auto insurance? Yes No

Comments: _____

If you are volunteering through your employer or an organization (called a Volunteer Partner), please complete the following:

Volunteer Partner Name: _____

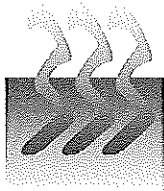
Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Phone: _____

Should correspondence be sent to: Contact Person Volunteer Both

Please complete BOTH sides of this form and return soon so you can start bringing some sunshine into the lives of homebound seniors in your community!



Three Rivers Community Action, Inc.

Serving people in Goodhue, Rice, and Wabasha Counties

VOLUNTEER CONFIDENTIALITY AGREEMENT

Volunteer Definition: An individual providing a service at “no cost” to assist in delivering a program function on more than a one-time basis.

As a volunteer of this organization, I understand that I must maintain the privacy and confidentiality of any and all participant information. I recognize the value and sensitivity of confidential information and understand that it is protected by law (Health Insurance Portability & Accountability Act).

I agree to maintain standards of confidentiality, as it is required of my role as a volunteer in providing services with Three Rivers Community Action, Inc.

I agree to keep all participant information confidential for an indefinite period of time, even after I am no longer volunteering with this organization.

This is the most important area for all volunteers to remember. In general, the same policies apply to volunteers that apply to paid staff.

1. There may be times, that a child, individual or family may share information with you that is personal and confidential. Your relationship with the child, individual or family, their situation, and their personal affairs are privileged and confidential information.
2. Only talk in generalities about the child, individual or family. Do not talk about their personal lives, names, where they live, etc.
3. We want volunteers to talk about the program, benefits, your pride in your service, but do not talk about specific persons, their homes, their problems, etc.

I agree to follow the above Rules of Confidentiality. I understand failure to do so will result in immediate dismissal as a volunteer.

VOLUNTEER:

STAFF:

Name: _____

Address: _____

Phone: _____

Volunteer Signature

Date

Staff Signature

Date

Volunteer Program and Task: _____

After this form has been signed by the Senior Programs Coordinator, you will be sent a copy.

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Faribo Town Square
Faribault, MN 55021
Phone: 507-333-6450 Voice/TTY
Fax: 507-333-6462

1414 North Star Drive, Zumbrota, MN 55992
Phone: 507-732-7391
TTY: MN Relay Service: 1-800-627-3529
Fax: 507-732-8547
www.threeriverscap.org

611 Broadway Avenue
Wabasha, MN 55981
651-565-3389
Fax: 651-565-2754