

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

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ e-mail: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

What interests you in this volunteer opportunity? _____

Three Rivers CAP has an obligation to ensure the safety of our Meals-On-Wheels clients. Have you, in the last ten years, been convicted of a crime? Yes No

If yes, nature of crime: _____

Level of offense: _____

What days are you available to deliver?

Monday Tuesday Wednesday Thursday Friday Saturday Any

Are you willing to substitute or 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:

Cannon Falls Kellogg Wabasha
 Faribault Mazeppa Wanamingo
 Goodhue Pine Island Zumbrota

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

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!

After completing both sides of this form mail to:
Three Rivers Community Action, Inc.
1414 North Star Drive, Zumbrota, MN 55992



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.

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

Faribault Office
 201 South Lyndale Avenue
 Faribault, MN 55021

Plainview Office
 55049 241st Avenue
 Plainview, MN 55964

Rochester Office
 300 11th Avenue NW
 Rochester, MN 55901

Wabasha Office
 Suite 120
 611 Broadway Avenue
 Wabasha, MN 55981

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 that failure to do so will result in immediate dismissal as a volunteer.

VOLUNTEER:

STAFF:

Name: _____

Address: _____

Phone: _____

 Volunteer Signature/Date

 Staff Signature/Date

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