

Volunteer Application

Return to Meals on Wheels Office
Along with copy of Drivers License

office use only:Route ____
ServTracker ____
Mighty Website ____



620 6TH St NW, Winter Haven, FL 33881
863-299-1616

Email: contact@mealsonwheelspolk.com

Website: www.mealsonwheelspolk.com

"Nourishing and Enriching the Independent Lives of the Homebound & Seniors"

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (Zip)

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail address _____ Birth Date _____

Driver's License # _____ State _____ Auto Yr./Make/Model _____

Auto Insurance Co./Policy number/liability coverage limit: _____

Emergency Contact Person _____ Phone # _____

How did you hear about our program? _____

Which days of the week are you available? ___ M ___ Tu ___ W ___ Th ___ F

If you have personal restrictions which might affect your volunteer placement with MOW, please explain:

List 2 references (not a relative) you have known for more than one year:

Name	Address, City, State	Area Code/Phone #	Relationship

I would like to participate with: ___ Delivery of Meals ___ On-Call Driver ___ Thrift Store
___ Site Organizer ___ Kitchen ___ Outreach/Special Events/Fundraising

Have you ever been convicted of a criminal offense, accused of any abuse or maltreatment to a child or elder, or been a defendant in a civil action for intentional tort? (If yes, please describe the offense, date of offense and disposition of the action.) _____

I understand that to protect recipients, a routine check of my name through law enforcement license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain convictions will. I certify that information given herein is true and complete to the best of my knowledge.

Signature _____ Date _____

Meals On Wheels of Polk County
VOLUNTEER DRIVER ORIENTATION CHECKLIST

Please read the following “Volunteer Driver Orientation Checklist” and initial by each that you have read and understand the content. Please feel free to contact the Meals On Wheels office at (863) 299-1616 with any questions.

- _____ 1. We will contact you via email or telephone 24-48 hours in advance of your scheduled route assignment, as a “friendly reminder.” Please contact our office by phone or email *by 2:00pm the day before* to confirm receipt of the message.
- _____ 2. If you cannot drive your route on a particular day, please call our office as soon as you know, *before 2:00pm the day before would be helpful*, so that we can arrange for a substitute driver.
- _____ 3. When you get to your pick-up site, please check your route sheet for any special instructions and to make sure the number of recipients on the sheet matches the number of hot/frozen meals, and cold components. Please check for special black plate labeled meals that are indicated on the route sheet in red lettering. Please let the MOW office staff know if you are short meals. *(The route sheets will identify those recipients who are scheduled to receive frozen weekend meals, along with the regular hot meal on Fridays. The route sheet will also indicate if the recipient receives a supper sack. The drink is included in the supper sack bag.)* To help protect recipient privacy, please return Route Sheets in coolers. **WINTER HAVEN DRIVERS:** Please remember: Clean hot & cold boxes out when finished for the day. Return ice packs to freezer and hot water bottles to crates under back sink. **ALL DRIVERS:** Please clean any spills and wipe coolers dry when finished. Do not leave food in coolers when finished.
- _____ 4. Hot soup is delivered on Monday, Wednesday, and Friday at no additional charge to the recipient. Salads are delivered Tuesday and Thursday. *(If the recipient does not wish to receive the soup or salad, please return it to Meals On Wheels or feel free to give it away. Extra donations are offered to recipients as we receive them. Some recipients do not wish to receive extra bread or dessert items, instructions are indicated on the route sheets.)*
- _____ 5. All drivers *must use* a hot meal cooler and a cold items’ cooler to deliver meals to keep food at safe temperatures. Do not remove hot water bottles or cold ice packs before you return from your route.
- _____ 6. If no one is at home, please attempt to call the recipient and then our office to ensure there is no problem. *(All food must be delivered to an inside area or a cooler with a frozen ice pack for safety reasons.)*
- _____ 7. If you have reason to suspect a medical emergency with a recipient, please call “911”, then immediately contact the MOW office. Whenever you have a non-emergency concern about a recipient, we would also like to be notified.
- _____ 8. Invoices are mailed to recipients once each month. *(If a payment is given to a volunteer; it must be in a sealed envelope and reported to the MOW office by calling 299-1616. We suggest to recipients that all payments must be mailed directly to MOW.)*
- _____ 9. Volunteers may not conduct any type of political campaigning, proselytizing, or marketing during the volunteer time they donate to the organization.
- _____ 10. Volunteers may not give or loan money to recipients, accept tips, or provide transportation during the volunteer time they donate to the organization.
- _____ 11. A volunteer delivers meals in his/her own personal car. A volunteer’s personal car insurance is the primary coverage while driving for MOW.