

VOLUNTEER HAND BOOK MEALS ON WHEELS



HENRY COUNTY SENIOR SERVICES

Meals-On-Wheels/Volunteer Program Manager
Tammy Smith
770-288-6988

**HENRY COUNTY SENIOR SERVICES
MEALS-ON-WHEELS VOLUNTEER
DESCRIPTION OF DUTIES**

OBJECTIVE:

The objective of the Henry County Meals –On –Wheels program is to provide hot, nutritious meals Monday thru Friday to eligible senior adults in Henry County. Eligibility requirements are as follows; Must be a Henry County Resident, age 60 or above and in need of Home Delivered meals. Our goal is to improve nutrition, increase socialization and help program participants remain as independent as possible in their own homes.

DUTIES:

- Pick up meals in containers from designated drop off sites and sign in on provided **sign-in sheet**. Deliver meals to homes using their personal vehicle, following the directions provided them by Henry County Senior Services
- Spend a few minutes to visit, talk and ensure the well-being of the client on the day of the delivery.
- If an emergency situation occurs, call 911. When the situation stabilizes, please report to the Volunteer Coordinator or Henry County Senior Services staff member so appropriate action can be taken.
- Return the empty containers to designated drop off site along with sign in sheets.

QUALIFICATIONS:

- Volunteers must be 18 years of age or accompanied by an adult.
- Volunteers must sign a consent form authorizing Henry County Senior Services to check their criminal history record.
- Volunteer must have a valid state driver’s license and appropriate insurance on their vehicle.
A Notary must authorize the consent form.

TRAINING:

- Volunteer will ride with Staff member on first day of training and delivery to receive training.
- Policies and procedures will be discussed during training.

DELIVERY SCHEDULE:

- You will be provided with a day that works best with your personal schedule. We welcome and appreciate volunteers who have the flexibility to fill in with short notice.
- Without your help we could not serve the number of seniors who need our assistance. Volunteers are often the only person our clients come in contact with on any given day.

HELPFUL HINTS

Always call 911 for immediate emergencies.

- You will have two coolers (one for hot meals and one for cold items). The coolers are cleaned daily; however, the bottom is occasionally soiled, so you may wish to protect your car seat.
- A good rule of thumb: You will normally have 4 items to deliver (meal, bread, fruit, and milk). Monday's and Friday's clients will receive orange juice. A notation will be included on the route sheet for clients who receive chocolate milk.
- You will receive a reminder call on either the day prior or the day you are scheduled to deliver. If you have a conflict delivering meals on an assigned date, please let us know as soon as possible so other arrangements can be made.
- Please check your coolers to ensure you have the correct route. The route name and number will be located at the top of the route sheet, which will be on your cooler. The route sheets will change from day to day due to new or deleted clients. The bold print on the route sheet is usually a message about the client.
- Please deliver meals between 10:30 a.m. and 12:30 p.m. so they will be hot when the client is ready to eat lunch.
- If a client cancels a meal for the day, a big "X" will mark them off the route sheet.
- If a meal gets dropped/damaged or we short you a meal, please contact us and we will arrange to deliver a replacement meal **to the last client on your route sheet**. If we fail to provide enough bread, milk, or dessert for all the clients on the route sheet, please let us know and we will send extras on the following day.
- If there is an animal outside, call the client at the phone number provided on the route sheet and ask them to put the animal up so that you can deliver the meal. If the situation is not resolved, please let us know.
- Please always announce to the client you are from Meals on Wheels and have your badge and the meal visible.
- If a client asks you a question about qualifications, payments, diet, conditions, home health, etc., not relating to volunteer services, please direct them to their Case Manager or let us know and we will contact them.

- Please do not leave meals outside if the client is not home. Placing the meal into a working refrigerator is permissible but if you notice meals which are not being consumed, please notify us.
- Please make sure the coolers are completely empty before you return them to the pick-up/drop-off points.
- To ensure confidentiality of personal information, please discard the route sheets after every delivery.
- **Doorbells don't always work, so please knock if there is no answer.** Many of our clients have impaired mobility so please give them a few minutes to get to the door.
- **If there is no answer, please do not assume the client is not home, they may have fallen or need medical attention. Please notify us of any clients that do not respond and we will follow up.**
- **Please do not give undelivered staple meals away.** If you are unable to deliver them, please contact us and we will arrange to pick them up.

Thank you,

Tammy Smith
MOW/Volunteer Program Manager
tammysmith@co.henry.ga.us
770-288-6988

Henry County Senior Services
1050 Florence McGarity Blvd.
McDonough, GA 30252

Henry County Senior Services Volunteer Application

Personal Information

Name _____ Phone (_____) _____

Address _____ Cell Phone (_____) _____

City _____ State _____ Zip Code _____

Email address _____ Birthday (Month/Date) _____

How did you hear about our program? Cable TV _____ Newspaper _____

Another volunteer _____ Staff member _____ Other _____

Employment, Church or Civic Affiliation

Employer _____ Phone (_____) _____

Church Membership (Optional) _____

Civic Club Membership (Optional) _____

Experience

Describe any volunteer experience you have had: _____

Areas of Interest and Days Available

Check area(s) of interest: **Meals-on-Wheels** _____ **Friendly Visits** _____ **Center Activities** _____

When are you available to begin? _____

Can you serve? Weekly Bi-monthly Monthly Other _____ (please circle)

What day(s) are you available? Monday Tuesday Wednesday Thursday Friday

References

1. Name _____ Phone (_____) _____ - _____

2. Name _____ Phone (_____) _____ - _____

3. Name _____ Phone (_____) _____ - _____

Emergency Contact(s)

Name _____ Relation _____ Phone (_____) _____ - _____

Name _____ Relation _____ Phone (_____) _____ - _____

Two Forms of I.D. (Please attach a copy of each & one must have a photo)

_____ Driver's License or State I.D. Card

_____ I.D. Card issued by the federal, state or local govt. w/ photo

_____ U.S. Military I.D. Card

_____ U.S. Passport

_____ Certificate of U.S. Citizenship

_____ Certificate of Naturalization

_____ Alien Registration Card

_____ School I.D. Card w/ photo

_____ U.S. Social Security Card

_____ Original or certified copy of a Birth Certificate

_____ Voter's Registration Card

****Please complete the attached Consent Form, authorizing us to check your criminal history.**

This history must be completed and results received prior to acceptance as a volunteer.

This form must be notarized. If you do not have access to a Notary, the Volunteer Coordinator can assist you.

**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize **HENRY COUNTY SENIOR SERVICES** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

Signature

Date

Sworn to and subscribed before me

On this ____ day of _____, 201__.

NOTARY PUBLIC SIGNATURE

Special Volunteer provisions (check (x) if applicable):

Volunteering with Elder Care (Purpose code 'N')

I, _____ give consent to Henry County Senior Services.

To perform periodic criminal history background checks for the duration of my tenure as a volunteer with this agency.

HENRY COUNTY SENIOR SERVICES VOLUNTEER VERIFICATION FORM

Name: _____ Phone Number: _____

Volunteer Handbook includes:

- Description of Duties
- Helpful Hints
- Confidentiality and Code of Ethics Agreement
- Volunteer Application
- GBI/Georgia Crime Information Center Consent form
- Volunteer ID Badge information and Authorization form
- Policies and Procedures for Volunteer Services (Provided at orientation)

I herewith confirm that I have been provided with a copy of the Henry County Senior Services Volunteer Handbook and have been provided the opportunity to ask and have answered any questions I may have.

I herewith release Henry County, or any of its employees, from any liability as the result of any injuries or property damage incurred by me or any other individual while serving as a volunteer, whether on or off county property.

I herewith confirm that I have a valid Georgia Driver's license, vehicle registration, vehicle tag and insurance coverage as required by state and local laws, regulations and ordinances.

I agree to inform the volunteer coordinator of any known exposure to Tuberculosis, Hepatitis or any other communicable disease.

I acknowledge receipt of the volunteer ID Badge authorization form and understand it is my responsibility to go to the Henry County Police Department and have my picture taken.

I understand that it is my responsibility to I turn in to the Volunteer Coordinator my volunteer badge in the event that I am terminated or resign from the program.

I herewith by affixing my signature verify and agree to all items listed above.

Signature of Volunteer

Date

Directions to Henry County Police Department

Henry County Public Safety Annex
108 S. Zack Hinton Parkway
McDonough, GA 30253
770-288-8295

After leaving the Heritage Senior Center in McDonough, turn right onto Hwy. 81 E.

Veer right onto Lemon St.

Turn left onto John Frank Ward Blvd.

Take a left at the first traffic light onto Zack Hinton Parkway.

Continue through the next traffic light.

The Police Department will be on your left.

Take badge form to front desk for photo I.D