

Hello!

Thank you for your interest in volunteering with Ann Arbor Meals on Wheels. For some of our clients, the meals we deliver are their primary source of food. For many, the Meals on Wheels volunteer is the only person they see all day.

Ann Arbor Meals on Wheels' purpose is to reduce hunger and food insecurity, and promote the dignity and independence of those we serve. We do this by delivering nutritiously balanced meals to the homebound in the Ann Arbor area who are unable to shop and cook for themselves.

Volunteers are the main stay of this program. Ann Arbor Meals on Wheels would not exist

This first section is for your reference. It provides an overview of your duties as an AAMOW volunteer.

Qualifications

- Volunteer drivers must be 18 years of age. (under 18 can volunteer if accompanied by an adult).
- Volunteer drivers under 18 MUST be accompanied by their parent(s) or legal guardian(s) and the parent/guardian needs to complete an application.
- A signed and completed volunteer application, including the background check

without volunteers like you! We are unable to reimburse volunteers for mileage or other driving-related expenses. Volunteers do get paid in cookies, coffee, tea, hot chocolate, and the rewards in helping the Ann Arbor homebound population.

Please complete this application and return it to the AAMOW office by mail, fax or email. Once we receive your application, we will need 5 (five) business days to complete the background check and schedule your ride-along/training. We will photocopy your driver's license on the day of your training.

form, must be on file with Ann Arbor Meals on Wheels before training is scheduled.

- Valid driver's license (if driving) and vehicle insurance (we don't ask for proof)
- Sign a confidentiality attestation statement.
- We are unable to accommodate those with court-ordered community service and persons charged with or convicted of a felony.

About Volunteering

- Volunteers choose the day (Monday – Saturday) and frequency (weekly, bi-weekly, monthly, other) for delivering meals. Some volunteers chose to only work as a substitute.
- Monday - Friday meals are picked up from the AAMOW office around 11:15 a.m.
- Saturday and holiday meals are picked up at 10:30 a.m.

- Routes take 1-2 hours to complete.
- Be available to deliver meals six times.
- Volunteers can deliver on their own or choose their own partner/buddy. Anyone doing a ride-along, even as a one-time event must complete a criminal background check form *before* they go out to deliver meals.

Office Tasks

- Check the volunteer schedule for your route assignment.
- Sign in on the computer using your 7- or 10-digit phone #. Staff can help you if you forget which number you use.
- **Pick up assigned route basket and take it with you.** Content includes:
 - Clipboard with tracker & route sheet
 - “Parked Temporarily” window signs
 - Volunteer ID tag - please wear at all times. This reassures our clients and lets them know you are a legitimate volunteer
 - The Volunteer ID tag is also an FYI/In Case of Emergencies foldout card
 - Baggie with vinyl gloves, hand sanitizer wipes, golf ball door knockers & “sorry we missed you” door tags
 - Liquid nutritional supplements (2 cans = 1 meal; 2 meals/bag)
 - On occasion: Birthday treats, Monthly donation statements, quarterly newsletter, other handouts
- Be sure to review the tracker (sheet you sign) and the route sheet (detailed directions/ instructions) before you leave. In addition to clients moving on/off your route, there could be changes to someone’s schedule, meal type or instructions on where to leave the meal.
- Let staff know about clients who weren’t home, changes requested by clients or concerns about clients (e.g. change in health, upkeep of home, unpleasant odors). Staff will follow-up with the client and/or their emergency contacts.
- Use the “Volunteer Comments” sheet about client concerns, route direction improvements, etc.
- Please let us know of any issues that affect your personal safety.
- *Legibly* sign tracker (or sign and print name) in ink. Remember to include the mileage from and back to home as well as miles driving for the route. This is a funder requirement.
- Sign out on the computer.

Meal Delivery Tasks

- For food temperature safety, please keep all food in the coolers provided until the meal is delivered. If you do not have room in your vehicle, please let staff know and we will provide soft-sided coolers (when available).
- Clients receive up to three meals:
 - 1) **hot lunch** - hot tray & soup in the red cooler and a cold tray in the soft-sided cooler;
 - 2) **bag lunch** - brown bag in the blue cooler;
 - 3) **liquid** - brown bag in/next to basket and is marked with the client’s name.
- Some clients get both meals; some get only the hot or the cold. On Saturdays, clients may also receive a second cold sack for a Sunday meal.
- There are three varieties of meals: **Diabetic** (cold tray with green label) **Option 2** (hot tray with hot pink label) and **Asian** (brown bag with label).
- Count all meals - making sure you have the right number of each type. Staff are available to help you count. **Take the right set of coolers!**
- Deliver the route in the order listed on route sheet. Some clients plan medical appointments expecting that their food will arrive during the same timeframe each day (e.g. 11:30 - 12:00 instead of 12:30-1:00).
- **If a client is not home, please leave a “sorry we missed you” door tag.** You can also try calling the client if you have a cell phone. Or, you can call the office and we’ll try reaching the client.
- ******Please do not leave food outside, in coolers provided by clients, in breezeways, garages or a place other than the hands of the client, caregiver or pre-designated neighbor.******
- Feel free to take a few minutes to visit with the clients. Some will want to chat while others just want the food.
- If you happen to have an extra meal, you may give it to another client on the route, or return it to the Meals on Wheels office.

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Today's Date: _____ Start Date: _____

<i>staff use only</i>	
App. rec: _____	Background <input checked="" type="checkbox"/> : _____ by _____
Ride-along: _____	with _____

CONTACT INFORMATION/DEMOGRAPHICS

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Secondary Phone _____

Email _____ Date of Birth _____

Emergency Contact _____ Relationship _____

Phone # _____

Optional - check all that apply

I identify as: Female Male Transgender Non-binary/Other LGBTQ

African American/Black American Indian/Native Alaskan Asian Caucasian

Hawaiian/Pacific Islander Hispanic/Latino Other

VOLUNTEERING

I am currently employed: No Yes Work Phone _____

Employer _____

I am a student: No Yes - High School College: _____

I graduate/leave Ann Arbor in: _____

I am volunteering through an employer, school, organization, or other entity: No Yes

Please list: _____

I want to volunteer: weekly monthly 2-3 times/month Other: _____

I want to: have a regularly scheduled route only be a substitute both

I am available on: Monday Tuesday Wednesday Thursday Friday Saturday

Please list any preferences or limitations you have (apartments only, no stairs, etc.)

I leave Ann Arbor for an extended period of time on a regular basis: No Yes

When: _____



I have a 4-wheel/all-wheel drive vehicle and am available to drive (on my regular day or as a substitute) in cases of inclement weather: No Yes

Please list any current/past volunteer experience

REFERRAL SOURCE

How did you hear about Ann Arbor Meals on Wheels?

Word of mouth

- Friend
- Relative
- Colleague
- Civic/Service Group

Media

- Print publication
- Poster/Flyer
- Radio
- Social Media _____
- Internet _____

Other

- Church/Temple/Other
- Event _____
- Other _____

REFERENCES

Please list two (2) non-family members as a reference

1. Name _____ Relationship _____
Phone _____
2. Name _____ Relationship _____
Phone _____

I have current automobile coverage (minimum required by State of MI): No Yes

I certify that the responses on this document are true to the best of my knowledge. I agree that this information may be verified and have references contacted by Ann Arbor Meals on Wheels or UMHS Volunteer Services. Misrepresentation of facts constitutes cause for separation from Volunteer Services (you will be required to sign and date this form when you meet with our Volunteer Coordinator).

Have you ever been arrested for or charged with a felony or a misdemeanor?

- No
- Yes: _____

Signature _____

Date _____



**University of Michigan Health
Confidentiality and Security Statement
Workforce, Vendor, Visiting Observer and Scholar**

The University of Michigan Health System is committed to protecting the confidentiality and security of information. I may be an employee, faculty, student, trainee, visiting observer, visiting health professional or scholar, volunteer, or vendor at UMHS. During the course of my duties or purpose at the Health System, I may have access to proprietary information. I understand that all proprietary and protected health information (collectively PHI) must be maintained confidentially, and in a secure fashion.

I agree to follow all UMHS policies and procedures governing the confidentiality and security of PHI in any form, including oral, fax, photographic, written, or electronic. I will regard both confidentiality and security as a duty and responsibility while part of the Health System workforce, or during my involvement with UMHS as a non-workforce member. I have completed UMHS HIPAA training.

I agree that I will not access, release, or share PHI, except as necessary to complete my duties or purpose at the UMHS. I understand that I may not access any information on friends or family members unless a Release of Information form authorizes me to do so, unless doing so is a necessary part of my job duties, or unless I am otherwise permitted to do so by UMHS policies. I understand that I am not authorized to use or release PHI to anyone who is not part of the UMHS workforce or an approved visiting observer, health professional, or scholar except as provided in UMHS policies and procedures, by University of Michigan contract, or as required by law.

I agree that I will use all responsible means to protect the security of PHI in my control, and to prevent it from being accessed or released, except as permitted by law. I will use only the access privileges I have been authorized to use, and will not reveal any of my passwords or share access with others. I will take precautions to avoid inadvertently revealing PHI; for example, I will use workstations in a safe manner and will make reasonable efforts to prevent conversations from being overheard, including speaking in lowered tones and not discussing PHI in public areas. If I keep patient notes on a handheld or laptop computer or other electronic device, I will ensure that my supervisor knows of and has approved such use and I will keep this information secure and confidential. If, as part of my responsibility, I must take PHI off the premises, I will do so only with permission from my supervisor: I will protect PHI from disclosure; and will ensure that the PHI is either returned to UMHS or destroyed.

I agree that when my employment, affiliation, visitation, or assignment with UMHS ends, I will not take any PHI with me and I will not reveal any PHI that I had access to as a result of my duties at the UMHS. I will either return PHI to UMHS or destroy it in a manner that renders it unreadable by anyone else.

I agree to immediately report unauthorized use or disclosure of PHI (including theft), or security issues affecting systems that contain or give access to PHI, to my supervisor, or to the UMHS Compliance and Privacy Office, 7300 Medical Science I, Box 0625, (734) 615-4759, (888) 296-2481.

I understand that if I do not keep PHI confidential, or I allow or participate in inappropriate disclosure or access to PHI, I will be subject to immediate disciplinary or corrective action, up to and including dismissal or loss of access privileges to UMHS property and facilities. I understand that unauthorized access use, or disclosure of PHI may also violate federal and state law, and may result in criminal and civil penalties against the University and/or me personally

Signature

Printed Name

Date

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Please complete this form and sign. This must be completed before we can schedule the training and ride-along



**University of Michigan
Authorization for
CRIMINAL RECORDS CHECK**

<i>For office use only:</i>		<input type="checkbox"/> VS
<input type="checkbox"/> Work w/Minor	<input type="checkbox"/> PFCC	
<input type="checkbox"/> PA	<input type="checkbox"/> RMH	<input type="checkbox"/> Gift Shop
<input type="checkbox"/> MOW _____	<input type="checkbox"/> TSRC	

PLEASE PRINT CLEARLY

Last Name		First	Middle
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Date of Birth (mm/dd/yyyy)	
Driver License or State ID Number		State	
Visa Type (if not a US citizen): F-1 F-2 J-1 J-2 H-1B H-4 Other: _____		UM ID (if known)	
Check if you do <u>not</u> have a Driver License or State ID card <input type="checkbox"/>	Race (please check) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Unknown/Other		

I, the undersigned, authorize the University of Michigan, through the Department of State Police, Central Records Division, the University of Michigan Department of Public Safety and Security or any agency, to conduct a criminal history check or investigation by name and identifiers to determine the existence of any arrest resulting in conviction and furnish a response to the University of Michigan.

Signature

Date

Signature (Parent or Legal Guardian, if applicant is under 18 years)

Date