



MEALS on WHEELS
NORTHEAST TENNESSEE

Volunteer Handbook

Includes Application for Program Participation



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Dear Volunteer,

WELCOME! Thank you for your participation in the Meals on Wheels Program. ***YOU ARE VERY IMPORTANT TO OUR PROGRAM AND CONSUMERS!***

The service you will provide to frail individuals in our Northeast Tennessee area as a Meals on Wheels volunteer is deeply appreciated. I want to take this opportunity to thank you for the many miles you will travel and all of the hours you will contribute to help make this one of the best programs in the entire state.

The primary purpose behind the program is to preserve and support independence of our seniors and prevent premature or unnecessary nursing home placement. Your participation, whether several times a week or once a month, is truly appreciated.

It is important that you report back when you do not get an answer to your knock on the door. The person inside may be hurt or ill. They may be in the hospital or out of town and failed to notify us. If they are frequently absent, we may need to determine if they still need meals.

WHAT IS MEALS ON WHEELS?

Since 1974 Meals on Wheels of Northeast Tennessee, a non-profit organization, has been providing home delivered meals to our at-risk adults. A hot noon meal is delivered to seniors and to adults with one or more disabilities who may be unable to prepare balanced meals for themselves on a daily basis and need this service.

WHAT MEALS ARE SERVED?

A hot lunch is served Monday through Friday. Weekend and holiday meals are available for consumers to fill in when meal sites are closed or when inclement weather may occur.

IMPORTANT GUIDELINES:

1. The consumer's **confidentiality** is very important. Please do not discuss or divulge any personal knowledge you have regarding the consumer.
2. Most of our homebound consumers are frail and vulnerable. We ask that all volunteers who deliver meals abide by our agency policies of NO SOLICITATION of any kind, accepting gifts or gratuities or espousing personal causes.
3. Emergency? Consumer has fallen and can't get up? **DO NOT move them.** Call 911. If they tell you not to call 911, call the coordinator who will have their emergency contact's phone number. It still may be necessary to call 911 regardless. This situation is RARE.
4. Meals should be kept in their carriers until delivery to the consumer in order to prevent food poisoning. It is important to keep the hot food hot and the cold food cold. Do not spend too much time with the consumer. Remember, each person on your route is counting on you to keep their food temperatures right so they can feel safe.



5. When you arrive at the consumer's home, please check your route sheet for any special instructions. Be sure to give the consumer all needed items.
6. MEALS ARE NOT TO BE LEFT IF A CONSUMER IS NOT HOME unless specified on the route sheet or requested by consumer and approved. Use your best judgement. If they are not home let the meal site coordinator know that person was not home. The meal may be given to another person on the route.
7. If a consumer wants to cancel service or make a complaint, please notify the site coordinator to investigate. If you will not see the meal site coordinator later in the day, call the coordinator immediately.
8. **Please relay all messages from the consumer to the site coordinator.** Sometimes the consumer may tell you they don't want the meal, cancelled the meal or other assorted messages. It is very important that we check these kinds of situations thoroughly before the meal is stopped.
9. Check the route sheet before leaving the site. You should have one meal per person on your route. Verify that your sheet is correct and if there is a question, please ask!
10. Consumers who receive our meals have been referred by the Area Agency management service, which has determined that this consumer is eligible for meals.
11. If you are unable to deliver meals on your scheduled day, please let the coordinator know as soon as possible so we can plan for the deliveries.

Again, I wish to sincerely thank you for choosing Meals on Wheels of Northeast Tennessee to contribute your time for our local citizens in need. Without you, we could not provide all these nourishing meals to our friends in need. It is truly an honor to have you on our team.

Warmly Yours,

Beverly Culp, Director
Meals on Wheels Northeast Tennessee
704 Rolling Hills Drive
Johnson City, TN 37604

Another service program sponsored by First Tennessee Human Resource Agency

Frequently Asked Questions:

1. Can I bring someone with me to help?
 - a. Yes, you may bring a friend or family member along, especially for your first few deliveries. However, please notify the site coordinator in advance. Anyone assisting regularly must also complete volunteer paperwork.
2. Can I deliver meals if I am under 18?
 - a. Volunteers under 18 may assist an adult but may not deliver meals on their own. Please contact the coordinator for more details on youth participation.
3. How long does a delivery route usually take?
 - a. Most routes take about 1 to 1.5 hours to complete, depending on the number of stops and location. Routes are typically scheduled between 10:00 AM and 12:30 PM.
4. Will I receive any training?
 - a. Yes. All new volunteers will receive basic orientation and route instructions. Your site coordinator is always available to support you or answer questions.
5. How will I know who to deliver to and where to go?
 - a. You'll receive a route sheet that includes names, addresses, delivery instructions, and notes for each consumer on your route. Be sure to review it before leaving the meal site.
6. What should I do if a consumer asks me for help around the house?
 - a. Politely decline and refer them to the site coordinator. Volunteers are not permitted to perform personal tasks such as lifting, cleaning, or errands for safety and liability reasons.
7. What should I wear while volunteering?
 - a. Wear comfortable, weather-appropriate clothing and closed-toe shoes. Avoid political or offensive slogans.
8. How do I update my contact information or availability?
 - a. Notify your site coordinator as soon as possible if your phone number, email, address, or delivery availability changes.
9. Can I volunteer for more than one day a week?
 - a. Yes! Many volunteers deliver multiple days per week. Let your site coordinator know if you'd like to take on more routes.
10. Will I be notified of changes to my route or schedule?
 - a. Yes. Your site coordinator will notify you of any changes in advance. Please keep your contact info up to date.



Your Site Coordinator:

Print Name

Phone:

Meals on Wheels Volunteer Job Description

PROGRAM: Meals on Wheels
POSITION TITLE: Meals on Wheels Volunteer
REPORTS TO: Meal Site Coordinator
JOB SUMMARY: Deliver pre-packaged meals to area seniors or disabled consumers

DUTIES AND RESPONSIBILITIES:

1. Deliver meals on a designated day to seniors or disabled in your community who otherwise may not receive a hot nutritious meal.
2. Transport and deliver meals in your own vehicle in such a way as to preserve temperature and sanitary conditions.
3. Maintain a log of your time for tax records if desired.
4. Be helpful and pleasant to the consumer.
5. Report consumer problems concerning delivery to your meal site coordinator.
6. Responsible for occasionally delivering education materials and extra meals for holidays and snow days.
7. Responsible for occasionally delivering donation envelopes to each consumer and returning donation to the meal site coordinator when received from a consumer.
8. All Volunteers are asked to cooperate with the Site Coordinator, Site Administration and other Volunteers. The goal is to produce an atmosphere conducive to making the experience desirable to all involved so everyone can be happy.
9. Volunteers must maintain a valid driver's license.
10. Volunteers are required to notify Meals on Wheels program management if automobile insurance coverage lapses.



Meals on Wheels Holiday Schedule

Meals on Wheels will be closed on the following holidays:

New Year's Day

Martin Luther King Day

President's Day

Good Friday

Memorial Day

Juneteenth

Independence Day

Annual Training Day

Labor Day

Veteran's Day

Thanksgiving Day

Optional Thanksgiving Day (Friday)

Christmas Eve

Christmas Day

NOTE: Holiday meals will be provided to consumers prior to the holiday in an effort to cover meals on these days. A Holiday schedule is posted at each mealsite.



Inclement Weather Policy

We do not provide meals when school systems are closed for the safety of our volunteers and employees. Individual sites correspond with the following schedules:

Elizabethton City Schools

Elizabethton Senior Center
Watauga Town Hall

Carter County

Stoney Creek
Siam
Hampton
Mountain Electric

Johnson County

Mountain City

Bristol City Schools

Bristol Slater Center
Edgemont Towers

Sullivan County

Piney Flats
Blountville
Gravelly

Kingsport City Schools

Kingsport Senior Center
Maple Oaks
Kiwanis Towers

Hawkins County

Church Hill Senior Center
Mt Carmel Senior Center
Rogersville Senior Center

Hancock County

Sneedville Senior Center

Greeneville City Schools

Roby Fitzgerald Senior Center
Plaza Towers

Washington County

Jonesborough Senior Center
Boones Creek
Gray
Limestone

Unicoi County Schools

Erwin Clinchfield Senior Center
Unicoi County
Unicoi

Johnson City Schools

Johnson City Route (FTHRA)
JCMP
Peak



Meals on Wheels Volunteer Background Check Request

DATE: _____

TO: Nutrition Site Supervisor _____

FROM: _____ Meal Site Coordinator

RE: Volunteer Background Check

Please complete a background check on the following potential volunteer:

NAME:

DOB:	
RACE:	

Meals on Wheels of Northeast Tennessee requires that all volunteers pass background checks including the following National Sex Offender Registry (NSOPW), Tennessee Felony Offender Registry (FOIL), Tennessee Abuse Registries, Tennessee Drug Offender Registry, and others. NOTE: This list is not meant to be a complete list of all background check resources available for use by our agency.

OFFICIAL USE ONLY:			
Cleared by:		Signature:	
Title:		Date:	



Meals on Wheels Volunteer Application

Please Print:

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Please check one:

Desired Volunteer Service Type:

☐ Senior Center Mealsite ☐ Home Delivery ☐ Kitchen Help ☐ Office Work

Are you over 18 years of age? ☐ YES ☐ NO **US Citizen?** ☐ YES ☐ NO

Do you have auto insurance? ☐ YES ☐ NO

NOTE: All Home Delivery Volunteers must fill out the following section. If you will not be volunteering to make home deliveries, skip to the next page. Insured personal transportation is a requirement for Meals on Wheels of Northeast Tennessee home delivery volunteers. A valid driver's license is required, along with the minimum liability insurance, as defined by the State of Tennessee.

All volunteers who deliver meals for the Meals on Wheels program must provide a copy of their current automobile insurance card showing proof of minimum liability to Meals on Wheels program management. Volunteers are required to notify Meals on Wheels program management if automobile insurance coverage lapses.

Auto Insurance Provider:			
Policy #:			
Coverage from: (date)		Coverage to: (date)	

All volunteers who deliver meals for the Meals on Wheels program must provide a copy of their current Driver's License.

DL#:		State:	
Expiration Date:			



Meals on Wheels Volunteer Application

Other Information:

Please circle the following week day mornings that you will be available to volunteer with Meals on Wheels:

AVAILABILITY: Monday Tuesday Wednesday Thursday Friday

Mark the box below which best defines your delivery schedule availability:

Daily:		Weekly:		Monthly:		Various:	
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Please define / describe availability:

Have you been convicted of a felony within the last 7 years? YES NO

If yes, please explain:

PLEASE READ AND INITIAL BELOW

_____ I agree and understand that I am subject to background checks prior to serving. This includes National Sex Offender registry, TN Felony Registry and TN. Abuse registry.

Emergency Contact:		Phone:	
Signature:			



Meals on Wheels Confidentiality Statement

I, _____, understand that as a Meals on Wheels volunteer, I am prohibited from releasing any unauthorized confidential information which may come to my attention in the course of my volunteer duties.

Moreover, I understand that any breach of client confidentiality resulting from my unauthorized written, or verbal release of information or records provides grounds for immediate dismissal from Meals on Wheels as a volunteer.

Volunteer Signature:	
Date:	

Volunteer Waiver of Liability

Thank you for volunteering today! We greatly appreciate your assistance and commitment to helping citizens in need within our community. Our insurance policy requires that we have an accurate record of all volunteers. This is an annual form where you agree to release First Tennessee Human Resource Agency and its Program(s) of all liability while working with First Tennessee Human Resource Agency and its Program(s).

This Release and Waiver of Liability (the "Release") executed on the date shown next to my signature below (the "Volunteer") in favor of First Tennessee Human Resource Agency and its Program(s), a non-profit corporation, their directors, officers, employees, and agents (collectively, "FTHRA and Program(s)").

The Volunteer desires to work as a volunteer for FTHRA and its Program(s) and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include dealing directly with clients and citizens, working in FTHRA and its Program(s) offices, working in public, participating in special events and fundraisers, and assisting with at-risk Program clients.



The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver:

Volunteer does hereby release and forever discharge and hold harmless FTHRA and Program(s) and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Efforts and Activities with Agency and Program(s). Volunteer understands that this Release discharges FTHRA and Program(s) from any liability or claim that the Volunteer may have against FTHRA and Program(s) with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with Agency and Program(s), whether caused by the negligence of Agency and Program(s) or its officers, directors, employees, agents, or otherwise. Volunteer also understands that FTHRA and its Program(s) do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment:

Volunteer does hereby release and forever discharge FTHRA and its Program(s) from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with FTHRA and its Program(s).

Assumption of the Risk:

The Volunteer understands that the Efforts and Activities include work that may be hazardous to the Volunteer, including, but not limited to, loading and unloading, and transportation to and from sites for work. Specific volunteer program duties are outlined in the program volunteer packet(s). Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases FTHRA and its Program(s) from all liability for injury, illness, death, or property damage resulting from the Activities.



Insurance:

Limited Volunteer Accident Insurance is provided and is a medical insurance policy which covers accidents involving volunteers on the work site or in other supervised events. Volunteer Accident Insurance pays after the Volunteer's personal insurance. Volunteer Accident Insurance pays up to its limits of coverage. The Volunteer understands that FTHRA and Program(s) do not carry or maintain full health, medical, or disability insurance for any Volunteer.

Signature:			
Printed Name:		Date:	