

MEALS ON WHEELS KITSAP VOLUNTEER APPLICATION PACKET

Since 1973, Meals on Wheels Kitsap has been part of our community serving seniors with hot nutritious meals and providing socialization at our community dining sites, and delivering meals to home bound seniors.

Our mission is to provide meals, nutrition, and support services to improve the health and quality of life for seniors and others with hunger and health needs in Kitsap County.

As a part of the Meals on Wheels Kitsap team, you are contributing your time and talent to ensure the success of our program services. Program volunteers serve our clients during weekdays. There may be additional volunteer opportunities on weekends. Please complete the attached application and forms indicating your interest and availability -- thank you!

- _____ Application
- _____ Community Dining Site Opportunities
- _____ Home Delivered Meals and Other Opportunities
- _____ Confidentiality Agreement
- _____ Media Release Form
- _____ Washington State Patrol Background Check Form



Meals on Wheels Kitsap (MOWK) Volunteer Application

About You:

Full Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

Cell Phone _____ Email _____

Have you ever volunteered with MOWK before? YES _____ When? _____ NO _____

Physical Limitations: _____

Previous Work or Occupation: _____

Do you have your own transportation? YES _____ NO _____

Do you have a valid Driver's license? YES _____ NO _____ State _____ Expiration Date _____

Do you have current vehicle insurance? YES _____ NO _____

Person to notify in case of emergency:

Name: _____ Relationship _____ Phone _____

How did you find out about volunteering with us?

Newspaper _____ Friend _____ Internet _____ Facebook _____ Email Newsletter _____

Mealsite _____ Senior Fair/Community Event _____ BKAT _____ Other _____

Optional Data (Our funders request this information - your response also helps us with our recruitment efforts).

_____ American Indian or Alaskan Native

_____ Asian

_____ Black/African American

_____ Pacific Islander

_____ Caucasian

Veteran _____ Yes _____ No

Hispanic _____ Yes _____ No

Volunteer Requirements (please initial you have read):

_____ Background Check Required (all volunteers) annually updated.

_____ Volunteer In-Service Training (all volunteers) annual event. As part of our continued commitment to providing quality services for our senior clients, we offer the required in-service training once a year to ensure Washington State Nutrition Program Standards and food handling practices are current.

_____ Food Workers Card (dining site volunteers) updated every three years

_____ Copy of Driver's License and Proof of Vehicle Insurance (home delivered meals volunteers) annually updated.

Community Dining Site Volunteer Opportunities

Please circle sites and days available. The approximate time commitment is from 11 A.M. to 1 P.M.

| | | | | | |
|--|--------|---------|-----------|----------|--------|
| Bainbridge Senior Community Center | Monday | Tuesday | Wednesday | Thursday | Friday |
| Bremerton Senior Center | | | | Thursday | Friday |
| Bremerton Pinewood Manor Apartments | Monday | Tuesday | Wednesday | Thursday | Friday |
| Burley Community Hall | Monday | | Wednesday | | Friday |
| Port Orchard Conifer Ridge Apartments (Frozen) | | Tuesday | | | |
| Poulsbo Hostmark Apartments (Frozen) | | | Wednesday | | |
| Silverdale Community Church (Frozen) | | | | Thursday | |

A Washington State Food Worker Card is required for all community dining site volunteers. You must obtain one within 14 days of your application approval. Reimbursement of the \$10.00 fee is available. If you have one, please send a copy with the application.

The required course and test are available at www.foodworkercard.wa.gov. If you do not have access to a computer, you may take the test at the Kitsap Public Health District office. Additional information is available by calling 360-728-2235.

Have a talent to share? We are always looking for Entertainment/Activities for the community dining sites such as dancing, singing, art, playing an instrument, etc. If yes, please specify:

Home Delivered Meals Volunteer Opportunities

The time commitment is approximately 10:15 A.M. to 12:45 P.M. Meals should arrive no later than 1 P.M.

Volunteers deliver hot meals to the homebound in the Bremerton area and frozen meals to the outlying areas. You may commit to one day a week, one day every other week, or drive as part of our substitute (on-call) pool. We strongly encourage all of our drivers to be trained on multiple routes.

Which days would you be available?

Mon _____ Tues _____ Wed _____ Thu _____ Fri _____

Are you comfortable driving in inclement weather? Yes _____ No _____

Is there a time of year you regularly are vacationing/out of town? If so approximately when?

Other Driving Opportunities

Would you be interested in the delivery of Farmers Market Produce to homebound seniors bi-weekly starting in Mid-August through October? Yes _____ No _____

Other Volunteer Opportunities

Assembly of Gifts _____ Brochure Distribution _____ Clerical _____

Fundraising Events _____ Info Packet Preparation _____ Mailings _____

Reception/Phones _____ Outreach _____ Special Projects _____

Which days would you be available?

Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

MEALS ON WHEELS KITSAP

Volunteer Confidentiality Agreement

I understand that as a Meals on Wheels Kitsap volunteer, I may have access to certain confidential information about the participants of the program.

Confidential information means information that is exempt from disclosure to the public or any other unauthorized persons under Chapter 42.56 RCW or other federal or state laws. Confidential information includes, but is not limited to, protected health information as defined by the federal rules adopted to implement the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Personal Information.

Personal information means information identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers.

It is my responsibility to:

- 1) Protect the privacy of those about whom I have confidential information.
- 2) Not reveal confidential material to unauthorized persons.
- 3) Not talk about individuals or matters pertaining to any participant.
- 4) Limit my access to confidential information to that for which I am authorized.
- 5) Not talk about participants or their families with anyone who does not work for Meals on Wheels Kitsap.

I have read the above and agree to abide by these rules. I understand that violating this agreement could result in termination of my volunteer activities with Meals on Wheels Kitsap.

Volunteer Printed Name: _____

Volunteer Signature: _____

Date: _____

MEALS ON WHEELS KITSAP

Media Release Form



I, the undersigned, do hereby consent and agree that Bremerton Services Association (dba Meals on Wheels Kitsap), its employees, or agents have the right to take photographs, videotape, or digital recordings of me to use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting senior nutrition programs and services. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release Bremerton Services Association (dba Meals on Wheels Kitsap), its agents and employees all right to exhibit this work in print and electronic forms. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I represent that I am at least 18 Years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Address: _____

Phone: _____

Witness for the undersigned: _____

Signature: _____

