



910 Longs Peak Ave  
Longmont, CO 80501  
303-772-0540  
info@lmow.org  
www.lmow.org

**Thank you for your interest in becoming a *Longmont Meals on Wheels* Volunteer! We ask that before you complete the application; please consider the following expectations for becoming a volunteer with *Longmont Meals on Wheels*.**

**Volunteering for Meals on Wheels constitutes a serious commitment on your part. Our clients rely heavily on their noon meals, as it may be their only complete meal that day. So, we ask you to consider the seriousness of this position before volunteering.**

**Thank you.**

### **VOLUNTEER EXPECTATIONS**

1. It is essential you arrive at the designated time to fulfill your volunteer task.
2. If you are unable to volunteer for your scheduled commitment time, please give the office as much advanced notice as possible. We understand there may be extenuating circumstances (such as illness, an emergency situation, vehicle problems, or last minute changes in your schedule). However, please understand it is very difficult to find available drivers to fill in when drivers forget to let us know or don't show up to drive their routes or other volunteer duties.  
**PLEASE** call 303-772-0540 to relay the message.
3. If you might be delayed or are running late, call the office so we are aware that you are on your way.
4. A volunteer that misses 4 scheduled volunteer duties without advance notice or has excessive absences may be asked to relinquish their regular volunteer position.
5. All volunteers must be screened and trained by Meals on Wheels staff. At no time can another individual fill into your volunteer role if they are not a trained Meals on Wheels volunteer.
6. LONGMONT MEALS ON WHEELS requires the following:
  - A minimum commitment of three months
  - Minimum age of 18. Children can volunteer with an adult volunteer Driver. No one under the age of 18 may work in the kitchen.
  - Flexibility to drive anywhere in Longmont & deliver to 5 to 20 individuals (Driver)
  - Background check is required for ALL volunteers
  - Signed Waiver is required for ALL volunteers
  - Photocopy of valid driver's license (Driver) or ID (Kitchen)
  - Photocopy of auto insurance card (Driver)
  - Food Safety Training must be completed before volunteering in the kitchen
  - Food Employee Reporting Agreement
  - Confidentiality of our clients under all circumstances (understanding that all client information is to be treated confidentially; NEVER to be used for any other reason than your volunteering duties require).
  - Under NO circumstances should a volunteer solicit money or business in any form from a client.
  - All volunteers are advocates for our client's safety and well-being. By volunteering, it is your duty and responsibility to communicate any concerns regarding clients to our office IMMEDIATELY. When delivering, please always carry your cell phone to call in or so we can reach you if needed.

## IMPORTANT MEALS ON WHEELS DRIVER INFORMATION

Office: 303-772-0540

Arrival at Longmont Meals on Wheels (located at the Longmont Senior Center):

- ❑ Please arrive between 10:30 & 11:00. Meals will be handed out at 10:45 & 11:00. All volunteers should be en route with their meals BY 11:30am for optimal food safety and enjoyment.
- ❑ Please park in the circular drive or on the street on the West side of the Senior Center.
- ❑ If you are running late to pickup your meals, call ahead so we do not send your route with another volunteer.
- ❑ Please remember that your weekly assigned route may have a varying number of stops due to clients' daily schedules and cancellations. Please allow enough time in your schedule (~11:00-12:45 depending on route size, traffic, weather, etc.)

**\*ROUTE PREFERENCES CAN NOT BE GUARANTEED\***

Picking up meals:

- ❑ Each meal consists of 2 portions – a hot (tray) and a cold (bag) portion.
- ❑ Clients who are on special diets will have a “white” bag labeled with their name.
- ❑ Special hot meals will be labeled with the clients name.
- ❑ Always pack the meals in the cooler(s) provided for food safety.
- ❑ Be sure to stack your meals (hot portions and cold portions separated) in order from the bottom of your route sheet up.

**\*\* ALWAYS DOUBLE AND TRIPLE CHECK WHEN PACKING YOUR COOLER\*\***

- ❑ If you leave LMOW and realize you took a meal in error or are short a meal or portion:  
Call the Meals on Wheels office immediately to determine the next step. Do not return to LMOW unless instructed to do so.

On your route:

- ❑ Our routing specialists along with our mapping program try to prepare the routes in the best possible order.
- ❑ You are welcome to reorder the route according to your needs and where you want it to end AS LONG AS ALL CLIENT'S GET THEIR CORRECT MEAL.
- ❑ If you have a major change in the directions on your sheet due to temporary construction call the office to give us that information.
- ❑ Delivery instructions do change. Always check your route for new information. Please contact the office if you have any questions.

Please DO NOT make any personal stops during your route even if you think you have time. Your PRIORITY is to get the meals out during delivery time between 11:30-12:30.

Delivery to clients:

- ❑ If there is no answer at the client's home after giving ample time: (Be sure to read the client notes on your route sheet for helpful tips regarding each client.)
- ❑ Only leave a meal if there is a cooler with ice or the route sheet instructs you to do so.
- ❑ Always call the office IMMEDIATELY even if the client left a note so we can begin follow up.

**\*\*THIS PHONE CALL IS EXTREMELY IMPORTANT. IT CAN BE LIFE SAVING IN SOME CASES\*\***

Leave a voicemail at our office if you don't reach us.

ALWAYS shred your route sheets to secure client confidentiality.

### **Extended Volunteer Absences:**

Please note that if you plan to be gone for less than a month and a half and give us a date of your return, we will be able to keep your regular route. However, if you plan to be gone longer than that, due to the needs of our clients and complications of finding subs, we may have to permanently fill your regular route with a new volunteer if one comes available. Regretfully, we cannot guarantee the route will be available when you return. We will be more than happy to put you on another open route at the time or make you a substitute driver until a route opens up. We appreciate your understanding and consideration.

## IMPORTANT MEALS ON WHEELS KITCHEN INFORMATION

Office: 303-772-0540

Arrival at Longmont Meals on Wheels (located at the Longmont Senior Center):

- ☐ Please arrive at 8:00am and expect to be done around 12:30pm.
- ☐ Please park on the street or in the parking lot on the East side of the building.
- ☐ If you are unable to volunteer, please call the office so that we can get a replacement for your shift.

Kitchen Regulations:

- ☐ No open toe shoes may be worn while working in the kitchen.
- ☐ No jewelry or watches may be worn, except for one simple ring.
- ☐ Longer hair must be restrained.
- ☐ Clothes must be clean and appropriate for the kitchen.
- ☐ A food safety class must be completed before volunteering in the kitchen.
- ☐ Hands must be washed when entering the kitchen, putting on gloves and when changing tasks.

Kitchen duties may include:

- ☐ Packing meal containers for delivery.
- ☐ Usage of knives and kitchen equipment
- ☐ Washing dishes and cleaning
- ☐ Serving meals during our Senior Community Lunch
- ☐ Standing for long periods of time

### **Extended Volunteer Absences:**

Please note that if you plan to be gone for less than a month and a half and give us a date of your return, we will be able to keep your regular shift open. However, if you plan to be gone longer than that, we may have to permanently fill your regular shift with a new volunteer if one comes available. Regretfully, we cannot guarantee the shift will be available when you return. We will be more than happy to put you on another open shift at the time or make you a substitute until another spot opens up. We appreciate your understanding and consideration.

# MEALS ON WHEELS VOLUNTEER APPLICATION

Today's Date \_\_\_\_\_

Start Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

If you have been a Colorado Resident for less than three years, please list your previous address below:

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Birth Date \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Volunteer Areas (circle all that apply):    Driver    Kitchen    Special Project

Employer / Past Employer: \_\_\_\_\_

Please circle your preferred day to volunteer:    M    T    W    Th    F

Are available to substitute?    YES    NO    If Yes, circle days?    M    T    W    Th    F

If you drive a 4WD, are you willing to be part of the "4WD Club" and deliver on days when others can't due to weather conditions?    YES    NO

## **FOR DRIVERS ONLY:**

If a spouse or friend joins you in delivering meals on a regular basis, please list their name, relationship and phone number so we know who they are. **PLEASE REMEMBER THEY CANNOT GO ON A ROUTE WITHOUT YOU.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

If another person wants to be your "SUBSTITUTE", they need to complete a separate application.

## **EMERGENCY CONTACT -REQUIRED**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

I have read, understand, and received a copy of the Volunteer Expectations. I agree to provide all required information and comply with ALL Longmont Meals on Wheels guidelines. By signing below, I am confirming that all the information I have provided is true and complete. Colorado requires that all drivers have auto insurance and valid driver's license to operate a vehicle. By signing below, I agree that I do and will continue to comply with the Colorado State Law that requires all drivers to have a valid Driver's License, as long as I am driving for Longmont Meals on Wheels. In addition, I agree to only drive vehicles that are covered by the minimum automobile insurance, required by Colorado State Law while driving for Longmont Meals on Wheels, Inc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Release and Waiver of Liability

**PLEASE READ CAREFULLY!**  
**THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!**

This Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, (the "Volunteer"), in favor of Longmont Meals on Wheels, Inc., and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties"). I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: delivering meals by car or bike, working on site at events, working at the Senior Center kitchen, and working at the Meals on Wheels office.

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

Initials \_\_\_\_\_ **Release and Waiver.** I, the Volunteer, do hereby release and forever discharge and hold harmless the Released Parties and their successors and assigns from any and all liability, claims and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arise or may hereafter arise from or is in any way related to my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers.

I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Activities. I also understand that the Released Parties 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, illness, death or property damage.

I, the volunteer, understand and acknowledge that by permitting someone to accompany me in my personal vehicle while volunteering or allow them to help with my volunteer duties I assume complete liability for anything that happens to the individual while volunteering and all parties would hold the Released Parties harmless in such an event.

Initials \_\_\_\_\_ **Medical Treatment.** I, the Volunteer, do hereby release and forever discharge the Released Parties from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with any of the Released Parties.

If the Volunteer is less than 18 years of age, the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the "Guardians") also hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Minor Child.

Initials \_\_\_\_\_ **Assumption of the Risk.** I hereby expressly and specifically assume the risk of injury or harm in the Activities and release the Released Parties from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

Initials \_\_\_\_\_ **Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage which is considered primary coverage for the Volunteer.

Initials \_\_\_\_\_ **Photographic Release.** I, the Volunteer, do hereby grant and convey unto Longmont Meals on Wheels, Inc., all right, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

Initials \_\_\_\_\_ **Other.** I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where the Activities take place. I further agree that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

To express my understanding of and agreement with this Release, I sign here.

Volunteer: (please print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature (If under 18) \_\_\_\_\_ Date: \_\_\_\_\_