

Franklin County Senior Center

Volunteer Registration Form

Name: _____

Address: _____

Primary Phone: _____

Secondary Phone: _____

What days of the week are you available? Circle all that apply.

Monday

Tuesday

Wednesday

Thursday

Friday

What weeks of the month are you available? Circle all that apply.

One

Two

Three

Four

Five

Are you available to be a backup deliverer for your route? Yes No

Are you available to deliverer for any route? Yes Not

When are you available to begin delivering Meals on Wheels? _____

Why do you want to deliver Meals on Wheels?

Please list one reference, personal or professional.

Name: _____

Phone Number: _____

Volunteer HIPPA Notice

HIPPA Privacy Notices

The Privacy Ruling was published in the Federal Register on December 28, 2000. The U.S. Department of Health and Human Services' Office for Civil Rights is responsible for enforcing this rule. There are civil and criminal penalties for violating this rule, including fines up to \$250,000 and imprisonment for up to 10 years.

The privacy regulation has three major purposes:

1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the appropriate use of that information;
2. To improve the quality of health care in the United States by restoring trust in the health care system among consumers, health care professionals and the many organizations and individuals committed to the delivery of health care; and
3. To improve the efficiency and effectiveness of health care delivery by creating a national framework of health, privacy and protection.

Print Name:

I, _____, understand that any information that I may learn during my work at Franklin County Senior Center regarding the clients or caregivers will be kept completely confidential. I will not discuss or disclose any personal identifying or medical information regarding any client following my client. Only general characteristics may be discussed and only with my work/service supervisor.

X: _____ Volunteer Signature

X: _____ Senior Center Director

Volunteer Job Description

Volunteer Summary: Under Meals on Wheels coordinator's supervision, the volunteer will deliver the home delivered meals to the clients on the route.

Essential Qualifications:

1. Must have a valid driver's license
2. Must have your own transportation
3. 3. Must go through the appropriate training (please see attached)

Mental and Physical Abilities:

1. Must be able to follow written directions and maps
2. Must be able to lift coolers and insulated bags filled with food and frozen boxes of meals
3. Must be able to maintain and pass information pertaining to the clients, along to staff that would need to and report it to the senior center.

Policies for Frozen and Hot Meal Deliveries:

1. According to a State of Georgia mandate, volunteers are not allowed to leave meals for clients when they are not home. Clients are told to please let the senior center know in advance if they will not be at home.
2. Please do not leave meals in coolers!
3. The only exception to this rule: if the meals are Frozen and you have access to a Freezer (not a cooler), then you can leave them.
4. Please fill out a “Meals on Wheels Client Report” form if the client is not home.
5. If you have extra HOT meals, please give them to another client on the route list.
6. If you have any extra frozen, shelf stables, or picnic meals, please return these to the senior.

If you ever have any questions or concerns, please contact the senior center at 706-384-2500.

Thank you so much for your willingness to volunteer with us!