Erath County Senior Citizens, Inc. Volunteer Application

Name (last, First, Middle)	Date of Birth	Home or Cell No. (with area code)	Date of Application:
Mailing Address (Street, City State, Zip)		Business No. (with area code)	
Who can we thank for referring you to us?			
Name of Employer	Tracks volunteer hours?	Occupation	
Email Address (optional)			

Volunteer Opportunities: Check all that apply

- ☐ Daily Hot Meal Delivery
- ☐ Weekly Frozen Meal Delivery
- ☐ Pet Food Delivery – 2nd and 4th week each month
- ☐ Ensure Delivery – once a month
- ☐ Friendly Visitors – 1 hour each week
- ☐ Shopping Assistant

Days & times I can volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Start Date

Have you ever been convicted of a crime? **Yes No** [If yes, please explain the nature of the crime and the date of the conviction and disposition.] *Conviction of a crime is not an automatic disqualification for volunteer work.*

_____

_____

Do you have: a valid driver's license? **Yes No**

Valid car insurance? **Yes No**

Are you or any members of your family receiving ECSC service? **Yes No**

Do you speak any languages other than English? **No Yes**

Are you fluent in sign language? **No Yes**

Special training, skills hobbies

_____

_____

Groups, clubs, organizational memberships _____

Please describe your volunteer experience (including organization names and dates of service).

_____

_____

What experiences have you had that may prepare you to work as a volunteer for Meals on Wheels?

_____

_____

Why do you want to volunteer? [or what do you want to gain from this volunteer experience?]

_____

_____

EMERGENCY CONTACT: Please list someone who knows you well and we would need to notify in case of an emergency:

Name/Organization Relationship to you Phone

1._____

Please read the following carefully before signing this application:

I understand that if accepted, I pledge to volunteer for a commitment of one year.

I certify that I have and will provide information throughout the selection process, including on the application for a volunteer position and in interviews with Erath County Senior Citizens, Inc., that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by ECSC. I understand that misrepresentations or omissions may be a cause for my immediate rejection as an applicant for a volunteer position with ECSC or my termination as a volunteer.

I hereby authorize any organization affiliated with ECSC to investigate my background to verify the credentials that I have presented, such as driver's license, DMV record and/or vehicle insurance as necessary for the consideration of my application for the volunteer position.

Signature _____ Date _____

Erath County Senior Citizens, Inc.

Volunteer Job Description

Purpose: As a volunteer for Erath County Senior Citizens, Inc., there are several guidelines that must be followed in order to ensure your safety as a volunteer and the safety of our clients who receive Home-Delivered Meals. This job description outlines the scope of your job as a volunteer, which *focuses on safely delivering a noontime meal to a prescribed clients' home.*

Guidelines:

1. If at anytime you feel the client is in medical distress, call 911 first then call the ECSC office to report the incident.
2. Report any suspected case of abuse, neglect, or injury to the Executive Director or Meal Coordinator.
3. Please treat each client with respect and dignity and safeguard their personal information.
4. If any questions or concerns arise during delivery, contact the Erath County Senior Citizens office at 254-965-3510.
5. To ensure the safety of our seniors, background checks are required for ALL volunteers.

Home Delivered Meals/Ensure/Frozen Meals

1. Always make contact with the client and NEVER leave the meal on the doorstep.
2. If the client makes a donation, mark the receipt of the donation on the Route Sheet.
3. If no one answers the door leave a white "Sorry we missed you" tag on the client's door and let the Executive Director or Meal Coordinator know so they can check on them.
4. Please sign the bottom of the route sheet and write down approximately how long it takes to deliver the route.

Friendly Visitors (Reports Community Relations Specialist)

1. Schedule visits with your senior, you will work out dates and times with senior.
2. Allow contact information such as phone number, to be given to seniors.
3. Contact Erath County Senior Citizens office if you have concerns or questions about your visit(s) with your senior.
4. A one-year commitment is required for this program.

Pet Food

1. Deliver pet food to seniors' 2nd and 4th week of each month.

Shopping Assistance

1. Agree to work with senior on their grocery list.
2. Agree to payment process.
3. Allow senior to have your phone number.

Report to: On-Site Meal Coordinator or Executive Director

Time Required: The volunteer position usually requires one hour a day, once a week to deliver an assigned route or to visit matched seniors. In addition, each volunteer is asked to attend New Volunteer Orientation prior to beginning and the Volunteer Annual Refresher.

Support Provided: Training for this position will be provided by the On-Site Meal Coordinator or Executive Director. ECSC staff members are available to answer questions and provide other assistance as needed.

_____ _____

Volunteer's Signature Date Director's Signature Date

Area Agency on Aging
OF NORTH CENTRAL TEXAS

Area Agency on Aging of North Central Texas
Acknowledgement of Responsibility for Reporting Abuse, Neglect and Exploitation and Reasonable Suspicion of a Crime

Reporting Abuse and Neglect

Texas law requires any person who believes that a child or person 65 years or older or an adult with disabilities is being abused, neglected, or exploited to report the circumstances to the Texas Department of Family and Protective Services (DFPS) Abuse Hotline. A person making a report is immune from civil or criminal liability, and the name of the person making the report is kept confidential. Any person who suspects abuse and does not report it can be held liable for a Class-A misdemeanor.

For life threatening or emergency situations, call your local law enforcement agency or 911 immediately, and then make a report to DFPS.

There are two resources for reporting abuse, neglect and exploitation. One resource to report perpetrators who are paid providers and one to report perpetrators who are not paid providers

Texas Department of Family and Protective Services

If a client is being subjected to abuse, neglect or exploitation by someone who is not a paid provider, contact the Texas Department of Family and Protective Services

By Phone: Call the Abuse Hotline, 24 hours a day, 7 days a week, toll-free **1-800-252-5400** from anywhere in the US to report abuse or neglect that occurred in Texas.

By Secure Internet Website: From your internet browser, go to https://www.txabusehotline.org.

Texas Department of Aging and Disability Services

If a client is being subjected to abuse, neglect or exploitation by someone who is a paid provider, contact the Texas Department of Aging and Disability Services at **1-800-458-9858.**

I acknowledge my responsibility as an employee, contract employee, vendor or volunteer of a DADS service agency to report reasonable suspicion of a crime against an individual. I understand that I should report any incident that I suspect may be a crime even if I am not sure. I realize that if I fail to report as required, I may be subject to civil money penalties and/or barred from participation in any federal health care program.

_____

Employee, Contract Employee, Vendor or Volunteer Name (Printed/ Signature)

_____ _____

Agency Date