

# Meals on Wheels Lewes-Rehoboth

32409 Lewes Georgetown Highway, Lewes DE 19958

[www.mealsonwheels-lr.com](http://www.mealsonwheels-lr.com)

## Service Application

We are a non-profit, equal opportunity agency dedicated to a policy of non-discrimination on any basis including race, age, sex, religion, disability, sexual orientation or national origin. Our agency serves primary residents over the age of 60 that may have a numerous amount of medical problems. Due to the fact that you, on occasion, will be subjected to emergency situations, confidentiality, hazardous road conditions, etc. during the course of your employment work, the following information is requested to protect you the employee, our organization and its' recipients.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Nickname (if applicable) \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Driver's license number: \_\_\_\_\_ State issued: \_\_\_\_\_ Auto Insurance Company: \_\_\_\_\_

Have you ever been convicted of a crime (Misdemeanor or Felony): \_\_\_\_\_ If yes, please give details: \_\_\_\_\_

### EMPLOYMENT HISTORY

	Business/Agency Name and Address	Supervisors name	Telephone number	Reason for leaving
1				
2				

### PERSONAL REFERENCES

(Please list three people not related to you that you have known for at least one year)

Name	Telephone number	Relationship	Years acquainted

Emergency contact: \_\_\_\_\_

Name

Telephone number

Relationship

Are there any medical conditions that may limit your ability to perform the work that you are assigned?

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Disclosure

I certify that the facts contained in this application (along with any accompanying documents) are true and complete to the best of my knowledge. By signing this application I authorize the above organization to perform a background check including, but not limited to:

- References
- Previous employers
- Driving record

Please note, a less than perfect record does not necessary eliminate the opportunity to hold a position with our agency. Some examples of unacceptable misconduct are as follow; crimes of violence, sexual offences, excessive traffic violations, hate crime, as well as crimes of theft.

I also understand by signing this application that I agree to keep in strictest confidence any and all information pertaining to the membership as a whole, i.e., clients, Board of Directors and staff.

I release Meals on Wheels Lewes-Rehoboth, Inc. from any liability associated with this application and/or accompanying documents. \*\*Incomplete or missing information on this application or accompanying documents could delay or hinder our hiring procedures. \*\*

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

	YES	NO	COMMENTS
REFERENCES CHECKED			
PREVIOUS EMPLOYER CHECKED			
AA REGISTRY CHECKED			
DRIVING RECORD OBTAINED			
CRIMINAL BACKGROUND CHECKED			
EMPLOYEE HIRED			

## Background Screening Form

Release: By signing this form I understand an investigation will be conducted of all the information contained in Section 1 of this form. I also understand that the results of the investigation will be considered, along with all other information submitted on this form, in making a decision concerning my suitability as an employee or volunteer. The information contained in this application is true and correct to the best of my knowledge. I further understand that inaccurate or untruthful responses to the questions contained in this form may be the basis for refusal to employ or allow volunteer participation. I understand that all criminal background checks will be treated as confidential. I understand and authorize the access to any and all information and records relating to my criminal history or criminal offense committed or alleged arrest, alleged criminal acts and criminal offenses committed. I understand if a disqualifying offense is found in a criminal background check, I will be given the opportunity to verify information and correct errors. I intend this to be a legally binding release, which I have read and understand. I understand that I may consult with an attorney before signing this document.

**Signature (black ink)**

**Date**

### Section I: Background

**1. Name (Last, First, Middle, Suffix)**

Last	First	Middle	Suffix
2. List all other names you have including nicknames and maiden names:			
3. Birthdate (mm/dd/yyyy)	4. Sex (Circle One) Male      Female	5. SSN:	
6. Marital Status: (Circle One)    Single    Divorced    Married    Separated			
7. Name of Spouse		Date(s) of Marriage(s)	
8. Current Address:			
9. E-mail Address:			
10. 7 yrs Previous Street Address, City		County	State      Dates

**11. Have you ever been arrested for or convicted of a driving under the influence of alcohol or drugs (DUI), or of any misdemeanor or felony offense? (Circle One) YES NO**

Dates of Arrest	Charges	Disposition	Disposition Date

Meals on Wheels

DE\_\_\_\_\_E

Return My Report Via:

E-Mail

US Mail



32409 Lewes Georgetown Highway  
Lewes, Delaware 19958

**Meals On Wheels**  
**Lewes-Rehoboth**

www.mealsonwheels-lr.com

(302) 645-7449  
(302) 644-1676 Fax

### VOLUNTEER MILEAGE REQUEST FORM

This is to certify that I (we) \_\_\_\_\_ of  
Please print full name(s)

\_\_\_\_\_, a volunteer for Meals on Wheels do hereby request  
Please print mailing address

the following action to be taken regarding all the mileage reimbursements:

(Please check only one)

\_\_\_\_\_ I would like all mileage reimbursement checks to be returned to Meals on Wheels of Lewes-Rehoboth and processed as a charitable donation. At the end of each year, I wish to receive an itemized list of all donations I have made to the organization for my records.

OR

\_\_\_\_\_ I would prefer all mileage reimbursement checks mailed directly to me at the above address.

This procedure will be followed until written notification is sent to Meals on Wheels Lewes-Rehoboth requesting a change in my mileage reimbursement status.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Meals on Wheels of Lewes-Rehoboth

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### CONFIDENTIALITY POLICY

In the course of duties, the members of the Board of Directors, Officers and Committee Members are provided with proprietary and confidential information which has been acquired or compiled by Meals on Wheels of Lewes & Rehoboth and which relates to the conduct and details of Meals on Wheels of Lewes & Rehoboth's business. This information is corporate property to which Meals on Wheels of Lewes & Rehoboth has the exclusive right and benefit. Unauthorized use or disclosure of Meals on Wheels of Lewes & Rehoboth's confidential information which benefits the disclosing Board Member, Officer or Committee Member or harms Meals on Wheels of Lewes & Rehoboth may breach the Board Member's, Officer's or Committee Member's fiduciary duties, including the duty of loyalty, to Meals on Wheels of Lewes & Rehoboth. Each Board Member, Officer or Committee Member is under obligation to maintain the confidences of Meals on Wheels of Lewes & Rehoboth and to use its confidential information only to inform discussion among the Board of Directors and action by the Board of Directors or a Committee. Each Board Member, Officer or Committee Member, therefore, must make every effort to maintain the confidentiality of Meals on Wheels of Lewes & Rehoboth's internal information. These efforts should include securely handling and storing any board materials and other sensitive documents in the possession of a Board Member, Officer or Committee Member.

### CONFIDENTIALITY STATEMENT

The undersigned, Board Member, Officer or Committee Member of Meals on Wheels of Lewes & Rehoboth hereby acknowledge that:

1. I have received a copy of this policy.
2. I have read and understand this policy.
3. I agree to comply with this policy.

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Signature

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Date

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Print Name



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Dear Potential Volunteer,

Thank you for your interest in becoming a volunteer driver for Meals on Wheels of Lewes-Rehoboth. Without our valued volunteers it would be extremely difficult and costly to continue providing essential nourishment to the local home-bound elderly population in the Lewes-Rehoboth areas.

Volunteers are absolutely crucial to Meals on Wheels of Lewes-Rehoboth operations and are the backbone of the organization. Without volunteers, Meals on Wheels of Lewes-Rehoboth could simply not survive and provide the kind of outstanding, prearranged experience that clients need.

The general functions of a volunteer driver are to sustain and assist our program with meeting its mission, "To feed the home-bound and to reduce the alternative of institutionalization." Our program grows at a rate of 3 - 6% per year in overall service, due to the advancing age of retirees and their increased susceptibility to life-threatening illnesses. In addition, we anticipate the same increase in the less than 60 growth rate, due to the ever-growing numbers of disabled persons under the age of 60. Volunteers make this meal service possible.

The first step in the process to join the Meals on Wheels of Lewes-Rehoboth volunteer driving team is to please fill out the volunteer application enclosed in this packet. After filling out the application we ask that you please take the time to read the "Volunteer Information", and the "Volunteer Position Description." After reading both documents, please fill out any additional forms that are required.

After your completed forms are received, we will check your references and process your background check. Once all of this is done we will contact you to schedule a time for you to "ride along" with a fellow volunteer on their route, to better familiarize you with our meal delivery procedures. Once your "ride along" has been taken, we will schedule a time for you to come into the office for an orientation session. This session will take approximately one hour to one & ½ hours and it the final step prior to sending you out on your own to deliver meals!

Again, thank you so much for your interest in volunteering for Meals on Wheels. We truly look forward to working with you. We hope that your experience as a volunteer driver proves to be as rewarding and valuable for you as it is for our clients! If you have any questions, please do not hesitate to call our office at (302) 645-7449.

Thank you,

Katie Leister  
Volunteer Coordinator/Outreach Worker  
[katie.leister@comcast.net](mailto:katie.leister@comcast.net)

## **VOLUNTEER POSITION DESCRIPTION**

**POSITION TITLE:** Volunteer Driver    **REPORTS TO:** Volunteer Coordinator

### **JOB SUMMARY:**

Assist Meals on Wheels of Lewes-Rehoboth in providing essential nourishment to local home-bound elderly population in Eastern Sussex County. Sustain and assist our program with meeting its' mission, "To feed the home-bound and to reduce the alternative of institutionalization."

### **DUTIES & RESPONSIBILITIES:**

Pick up meals at designated time from caterer  
Count route sheets and verify totals  
Deliver meals to each recipient on your route, unless route sheet directions say otherwise  
Deliver milk, orange juice and extra items when assigned & see each client during meal delivery  
Find substitute driver from within membership (list provided) when unable to drive scheduled day/route.  
Attend drivers' meetings/functions  
Alerting office staff of pertinent information regarding a clients' meal delivery, health and/or living environment  
Keep all client information in strict confidence  
All partners, buddies or ride-a-longs must be registered with agency before participating in meal deliveries.  
Volunteer a minimum of 12 hours during the course of a year.  
Sign in at caterer; this includes your registered riders, partners and buddies.  
Other duties as directed by staff

### **QUALIFICATIONS:**

Must have ability to communicate effectively and possess a pleasant personality.  
Must have the ability to follow directions under general supervision and/or independently  
Must have a valid drivers license and active insurance  
Must never be under the influence of alcohol and/or drugs while conducting agency related business  
Must have acceptable public record and reputation  
Must be detail oriented & in good health

### **PHYSICAL REQUIREMENTS:**

Mobility - standing, sitting, walking, bending, grasping/gripping  
Hearing - normal conversation - perceiving oral communication with the ears  
Seeing - general near vision (seeing an object within 16 inches) - perceiving an object(s) with the eye(s)  
Speech - tone and clarity as able to be understood by others  
Physical Tasks - carrying and lifting up to 15 pounds, pushing, pulling, reaching horizontally/vertically

### **TRAINING:**

Training specific to the volunteer service will be provided by volunteer and/or staff

### **GROUND FOR DISMISSAL/VOLUNTEER RESIGNATION:**

Failure to adhere to any of the above service descriptions may result in termination of volunteer duties unless prior arrangements have been made with the Volunteer Coordinator and/or Program Director. Volunteers may resign their position at any time without notice.

### Volunteer Information

We currently have fourteen delivery routes. Each route requires at least one volunteer driver. We recommend that each driver team up with a "buddy" to help them with the meal deliveries.

Four routes are located in Lewes, five in Rehoboth and four on outlying "country" roads in the Lewes, Rehoboth, Milton and Harbeson area. Each route varies in the amount of meals that are delivered and the amount of time it takes to run. Routes can have anywhere from 10 to 20 stops with at least one meal delivery for each. Meals stops and meal counts may vary due to the number of people whom receive a meal at each stop.

We serve 2 meals a day:

1 hot lunch, and 1 bag meal.

In addition to those 2 daily delivery meals, the following items are also delivered:

Monday: Quart of Orange Juice

Tuesday: ½ Gallon of Skim Milk

Wednesday: One Loaf of 100% Whole Wheat Bread, every other week

Thursday: Sanka and Smart Balance Margarine

Friday: 2 frozen meals and 2 bag meals

Fish On! Restaurant at the Villages at Five Points in Lewes cater our meals.

Each driver will be provided with one cooler bag and one gel pack for transportation of meals. If you are delivering meals on Mondays or Tuesday you may want another cooler for orange juice or milk transportation. If you are in need of a cooler, contact the Meals on Wheels office and we will provide one for you to use. Cooler bags and gel packs are used to maintain correct temperatures of food and we ask that you keep your cooler very clean. Please take the time to wipe out your cooler after you are finished with your deliveries for the day.

**Please remember you are transporting food!**

Drivers are asked to pick up their meals at the caterer between 9:30 and 10:00am at Fish On! The entrance for pickup is in the rear of the building. The door is clearly marked Meals on Wheels.

A route sheet which contains clients' names, addresses, prescribed diets and explicit directions is provided. Some clients will have special instructions regarding their meals and it is extremely important that you adhere to all of them.

**It is the driver's responsibility to make sure that you have the correct diet for each client prior to leaving Fish On!**

If you find that you are missing a delivery item after you are out on the road, please contact the Meals on Wheels office (302-645-7449) for further instruction.

Drivers **MUST** find a substitute driver from within the volunteer driver team (list provided) when unable to drive scheduled day/route.

**All drivers and buddies must keep all client information in strict confidence.** All partners, buddies, or ride-a-longs must be registered with agency and have a confidentiality policy form signed and turned in before they can participate in meal deliveries.

Drivers must attend all Drivers meetings held at the Meals on Wheels Office!