

Three Rivers Community Action, Inc. Meals-on-Wheels Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

What interests you in this volunteer opportunity? \_\_\_\_\_

Three Rivers CAP has an obligation to ensure the safety of our Meals-On-Wheels clients. Have you, in the last ten years, been convicted of a crime?  Yes  No

If yes, nature of crime: \_\_\_\_\_

Level of offense: \_\_\_\_\_

What days are you available to deliver?

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Any

Are you willing to substitute or drive a second route if we have a volunteer who is unable to deliver?

Yes  No

When is the best time to reach you? \_\_\_\_\_

Please check the community in which you prefer to volunteer:

<input type="checkbox"/> Cannon Falls	<input type="checkbox"/> Kellogg	<input type="checkbox"/> Wabasha
<input type="checkbox"/> Faribault	<input type="checkbox"/> Mazeppa	<input type="checkbox"/> Wanamingo
<input type="checkbox"/> Goodhue	<input type="checkbox"/> Pine Island	<input type="checkbox"/> Zumbrota

As a Home Delivered Meals Driver Volunteer, it is required that you have a valid driver's license and current auto insurance, unless you do not drive, but assist in delivery only.

Driver's License # \_\_\_\_\_ Current auto insurance?  Yes  No

If you are volunteering through your employer or an organization (called a Volunteer Partner), please complete the following:

Volunteer Partner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Should correspondence be sent to:  Contact Person  Volunteer  Both

Please complete BOTH sides of this form and return soon so you can start bringing some sunshine into the lives of homebound seniors in your community!

After completing both sides of this form mail to:  
Three Rivers Community Action, Inc.  
1414 North Star Drive, Zumbrota, MN 55992



## VOLUNTEER CONFIDENTIALITY AGREEMENT

**Volunteer Definition:** An individual providing a service at “no cost” to assist in delivering a program function on more than a one-time basis.

As a volunteer of this organization, I understand that I must maintain the privacy and confidentiality of any and all participant information. I recognize the value and sensitivity of confidential information and understand that it is protected by law (Health Insurance Portability & Accountability Act).

I agree to maintain standards of confidentiality, as it is required of my role as a volunteer in providing services with Three Rivers Community Action, Inc.

I agree to keep all participant information confidential for an indefinite period of time, even after I am no longer volunteering with this organization.

This is the most important area for all volunteers to remember. In general, the same policies apply to volunteers that apply to paid staff.

**Administrative Office**  
 1414 North Star Drive  
 Zumbrota, MN 55992  
 Phone: 507-732-7391  
 www.threeriverscap.org  
 TTY: MN Relay Service:  
 1-800-627-3529

**Faribault Office**  
 201 South Lyndale Avenue  
 Faribault, MN 55021

**Plainview Office**  
 55049 241st Avenue  
 Plainview, MN 55964

**Rochester Office**  
 300 11th Avenue NW  
 Rochester, MN 55901

**Wabasha Office**  
 Suite 120  
 611 Broadway Avenue  
 Wabasha, MN 55981

1. There may be times that a child, individual or family may share information with you that is personal and confidential. Your relationship with the child, individual or family; their situation; and their personal affairs are privileged and confidential information.
2. Only talk in generalities about the child, individual or family. Do not talk about their personal lives, names, where they live, etc.
3. We want volunteers to talk about the program, benefits, your pride in your service, but do not talk about specific persons, their homes, their problems, etc.

I agree to follow the above Rules of Confidentiality. I understand that failure to do so will result in immediate dismissal as a volunteer.

**VOLUNTEER:**

**STAFF:**

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
 Volunteer Signature/Date

\_\_\_\_\_  
 Staff Signature/Date

After this form has been signed by the Senior Programs Coordinator, you will be sent a copy.