

Albemarle Commission Senior Nutrition Program



Home Delivered Meals Volunteer Handbook

Laura Alvarico, Albemarle Commission Area Agency on Aging & Senior Nutrition Program Director
Brenda Gates, Home Delivered Meals Coordinator (Camden, Currituck, Dare, Pasquotank & Perquimans counties)
Shari Harris, Home Delivered Meals Coordinator (Chowan, Gates, Hyde, Tyrrell, & Washington counties)
Laura Rollinson, Administrative & Volunteer Coordinator



Albemarle Commission Senior Nutrition Program Home Delivered Meals Volunteer Handbook

This handbook has been prepared for you that have graciously volunteered your time to participate in the Home-Delivered Meals Program. This will answer some of the most often asked questions. If you read this material and still have questions or concerns, call Laura Rollinson, Administrative & Volunteer Coordinator at 252-404-7091 or email at lrollinson@accog.org. You can also reach out to your Site Manager or your Volunteer Schedule Coordinator.

General Information about our Nutrition Program

To qualify for the Home-Delivered Meals program, a potential client must be 60 years of age, home bound, unable to prepare a nutritious meal for themselves and have no one else in the home available to prepare them a lunch meal, unable to participate in their local congregate meal program and have a doctor's recommendation stating the client would benefit from receiving the meals. If the client lives in an area where there is a delivery route, our coordinator will make an appointment to visit with them and fill out the necessary paperwork. A letter must be sent to the client's physician for approval before they can be placed on our program. The meals may begin once the paperwork is completed and doctor's recommendation is received (as long as there is not a waiting list). Once placed on a route, the client will receive a mid-day meal delivered Monday-Friday (except holidays) by a volunteer from the community. Each meal has servings of meat/protein, vegetables, fruit, bread and milk. The nutritious, well balanced lunches are approved by a registered dietitian, as well as the North Carolina Division of Aging. Funding is received from the local, state, and federal government, as well as donations, to cover most of the cost of the meals. Clients are asked to make a donation, if able, to assist in the cost of the meals. A donation envelope is given out during the month. The client may choose to mail it or give it to one of the volunteers to return to the volunteer coordinator. The donations we receive help to cover the balance of the meals served and enable us to serve meals to more clients.

Potential clients in Chowan, Gates, Hyde, Tyrrell and Washington counties would contact Home Delivered Meals Coordinator Shari Harris for more information at (252)404-7085 or sharris@accog.org. Potential clients in Camden, Currituck, Dare, Pasquotank and Perquimans counties would contact Home Delivered Meals Coordinator Brenda Gates for more information at (252)404-7082 or bgates@accog.org.

Guidelines for the Volunteer

Calendar

Please mark your personal calendar for the days you have agreed to deliver meals. If you have a conflict and need someone else to deliver that day, try switching delivery dates with another volunteer. If you cannot, then call your coordinator as soon as possible, so that he/she can find a substitute.

Substitutes

This is a volunteer that can deliver meals on short notice. There are occasions when we need extra help or a regular volunteer has an emergency. Please let us know if you can help us in this area so your coordinator knows he/she may call you should the need arise.

Holidays: See the Attached Holiday Schedule

Inclement Weather

Your volunteer coordinator will call you if we are not delivering meals because of bad weather. He/she may not call until that morning because we would like to deliver the meal if possible.

Delivery Times

Please arrive at your site between 10:45 AM and 11 :00 AM on the day you are to deliver meals. If you are running behind schedule, please call your coordinator to let them know that you are on the way. It is very important to have meals delivered at a consistent time as the clients have medications requiring them to eat before they take the medicine or to keep their diabetes in control. We try to keep the delivery time for each route to 1 hour with no more than 12 clients. If you find that your route is taking longer than 1 hour consistently, please notify us.

Pick-up Point

At your pick-up point you should have 1 or 2 orange and yellow carriers, a serving tray, a route sheet, a checklist, a menu and a door hanger. The route sheet will have the directions to your client's homes. It is important to check daily for any changes! Clients can be removed or added daily, so please remember to check your route sheet each time you deliver. Please indicate delivery on the checklist by placing a check mark beside each client's name that received a meal. Remember to write down the names of everyone that is delivering, the time you pick-up the meals and the time you deliver the last meal.

Menus

The volunteer needs to be familiar with the menu. A menu should be posted at the site where you pick up your meals. Our lunches are nutritious, well-balanced and approved by a registered dietitian and the North Carolina Division of Aging. They are not designed to meet the special needs of a severe diabetic or client with extremely high blood pressure. If the client has a comment about the meals or a complaint, record it on the checklist so the coordinator will be aware of it.

Delivering Meals

Our meals are packed in carriers that help us maintain the temperatures and quality of our food. Please open and close the carriers quickly when removing the food and keep it closed using the latch between each stop. Wait to remove the meal at each stop to help keep the temperatures intact. Holding the containers level when taking them in and out of your car, helps prevent spillage and make the food look more presentable. It also helps keep the trays of food cleaner and prevents your car from getting soiled. No pets can be with you during delivery. Meals cannot be placed in the bed of trucks. Please knock loudly at the participant's home. Be patient and allow the clients that move slowly, the time to get to the door. Encourage the participant to eat their meal right away, or to let you place it in the refrigerator. If your client is not at home, the meal must be left in a working refrigerator only!! **You should never leave the meal on a table or outside if the client is not home.** If you have an "extra meal" in your carrier, or if one of your client's is not at home, please offer the meal to another client. The meal may only be given to someone that has been approved for our program.

Remember

Always identify yourself at the door as a volunteer delivering their meal! Always share your SMILE! The clients tell us that our volunteer's friendly visits are just as important as the meal you are delivering to them. Many clients say "knowing that someone is coming to their door" is the only reason they get out of bed and get dressed in the morning.

The prevention of volunteer injuries and illnesses will be given precedence over fulfillment of volunteer responsibility. If you find yourself in an uncomfortable situation—encountering a belligerent or unruly person, unsafe location, vicious dog, domestic dispute, or any risk to your safety—LEAVE! This might include clients or other inhabitants accusing volunteers of break-ins, sexual advances or molestation, or other inappropriate behaviors. Leave and call the staff in charge to file a report of the incident. **These situations must be reported immediately to the staff in charge, who has the right to make the decision regarding temporarily or permanently stopping delivery.** Your route is complete when you deliver the last meal: Please record this time. Return the carrier to the site along with any donations or messages for the coordinator. Always make sure you sign off on the volunteer delivery form. Please sign all names that are delivering (husband and wife, both friends) so everyone gets credit for their time. Be sure to let your coordinator know if someone was not at home or any other unusual circumstances (extremely hot or cold or unusual behavior of the client.)

In Case of an emergency

If you arrive at a client's home and there is an emergency:

- Be calm. They are depending on you to be able to deal with the situation.
- Do not move the person.
- Call 911
- Call your coordinator so that he/she may notify our office of the situation.
We will notify the client's emergency contact.
- You may put a blanket or covering over them.
- Try to reassure the client and stay with him until help arrives.
- Proceed with your route only after other assistance has arrived.

Confidentiality

Shared information you have about a client is confidential. We must always respect the privacy of our clients!

Team

The Albemarle Commissions Senior Nutrition Program Staff, Nutrition Site Managers, Volunteer Schedule Coordinators and the Volunteers create the **TEAM** that makes this program such a success. We depend on each other and our clients depend on our team! **We need more volunteers!!** You can help us recruit volunteers by sharing your experiences and joys of working in this program with others in your community. We will gladly make presentations for any group, church or civic organization at any time. Last, but certainly not least, as a volunteer, if you have **any suggestions** about improving our program, the route directions, or any advice on how to operate this program more efficiently for you or our clients, please don't hesitate to call our office at 252-404-7091 or email lrrollinson@accog.org. The Albemarle Commission's Senior Nutrition Program Staff and the people that you serve, thank you for your commitment to this program!

A Volunteers Prayer

Thank Thee, Lord as a volunteer,
For the chance to serve again this year,
To give of myself in some small way,
To those not blessed as I each day.
My thanks for health of mind and soul,
To aid me ever toward my goal;
For eyes to see the good in all,
A hand to extend before the fall,
For legs to go where the need is great,
Learning to love-forgetting to hate;
For ears to hear and heart to care,
When someone cross is hard to bare.
A smile to show affection true,
With energy plenty the task to do;
And all I ask dear Lord, if I may,
Is to serve You better day by day

Author Unknown

HDM Volunteer Reminders



- 10:45 am is the earliest meals can be picked up.
- If you are going to be unable to volunteer on your scheduled day, or if you are running late, please let your volunteer coordinator or site manager know as soon as possible.
- If the HDM client is not home, please notify the site manager or volunteer coordinator, after you hang the tag on their door, so the client's emergency contact can be notified.
- The meals can only be left with the client or in a working refrigerator. For health reasons, meals cannot be left in the mailbox, on the steps, or outside of the door.
- Thank you for all you do!!

Albemarle Commission SENIOR NUTRITION PROGRAM



Volunteer Application

Requested
Volunteer Site:

Contact Information	
Name	
Street Address	
City, ST, ZIP Code	
County	
Mailing Address	
City, ST, ZIP Code	
Email Address	
Primary Phone	
Other Phone	
Date of Birth (Month)	

Availability	
<p>Note: Meals are to be picked up no earlier than 10:45 AM and should be delivered no later than 12:30. Meals are only delivered Monday-Friday with the exception of Holiday's.</p>	
___ Monday	___ Once a Month
___ Tuesday	___ Every Other Week
___ Wednesday	___ Once a Week
___ Thursday	___ As Often as You Need Me
___ Friday	___ Periodically
Other:	

Driver Information	
State of Driver's License	
Driver's License Number	
Valid Through	
Insurance Company	
Policy Number	

Driving Record
Have you had a driving violation in the last three years? If yes, please explain below...
Criminal Offenses
Have you ever been convicted of a criminal offense? If yes, please explain below...

References	
Please give at least two references, including at least one who has known you two years and <i>is not a relative</i> . Also, a reference from any other volunteer experiences would be helpful.	
Name	
Relationship to Volunteer	
Address	
Day Time Phone	
<hr/>	
Name	
Relationship to Volunteer	
Address	
Day Time Phone	
Previous Volunteer Experience (<i>Summarize any previous volunteer experience</i>)	

Person to Notify in Case of Emergency

Name

Relationship to Volunteer

Primary Phone

Other Phone

Volunteer Agreement and Release from Liability

As an Albemarle Commission Senior Nutrition Program (AC SNP) volunteer, the lasting impression you make on those you serve reflects directly on all of us. Please be sure your words and actions help build our program and its reputation for quality.

Confidentiality

In connection with my activities as a Home Delivered Meal Volunteer:

I agree to hold confidential all information to which I may have access about clients or former clients and will not reveal any information to unauthorized persons. I understand that revealing any information to unauthorized persons will make me subject to either civil action for the collection of monetary damages and/or suspension or dismissal.

Initial_____

Driver's License and Automobile Insurance

Any volunteers that are using their personal automobile for AC SNP deliveries must have a valid driver's license and automobile insurance policy. I agree to provide copies of both of these before beginning my volunteer experience. I will provide the AC SNP with updated copies of these, as requested.

Initial_____

Background Check; Convictions

I agree that my participation as a volunteer for AC SNP may be contingent upon satisfactory completion of a criminal background check, to be conducted at AC SNP expense. As a volunteer, I will notify my volunteer coordinator of any criminal convictions or criminal charges that are pending against me or which arise during the course of my volunteer activities with AC SNP.

Initial_____

Abuse and Neglect

Based on NCGS 108A Article 6, I understand that if I have a reasonable belief that someone receiving services from AC SNP has been intentionally injured, neglected, or exploited, it is my responsibility to report my concerns to my local Department of Social Services.

Initial_____

Photographic Release

I give the Albemarle Commission's Senior Nutrition Program permission to use my name and/or picture in published articles, brochures, video presentations and social media to promote the importance of the AC SNP.

Initial _____

Personal Health

I understand that if I have a fever or if I am sick, I should contact my scheduling coordinator and not deliver meals.

Initial _____

Statement of Liability

I understand that the AC SNP is not responsible for personal injuries or property damage suffered or caused by a volunteer in connection with my volunteer activities. As a condition to serving as a volunteer I that I am expected to maintain my own insurance covering these and other risk.

Initial _____

Voluntary Agreement

I understand and agree to the following:

1. I wish to provide such services without compensation and without any expectation of compensation from the Albemarle Commission.
2. I understand I will not receive any benefits, compensation or other remuneration in any form for providing volunteer services to the AC SNP.
3. I will report to the program director.
4. The relationship created by this Agreement is terminable by either party at any time, with or without cause and with or without notice.
5. I recognize that while performing the volunteer services under this Agreement, I will not be covered by the Commission's worker's compensation insurance, any medical or health insurance or any other benefit plan offered by the Commission to any employees.
6. If our relationship changes in the future and I actually expect to be a paid employee, we must enter into a new agreement and the Volunteer relationship will no longer exist.

Initial _____

Agreement and Signature

It is the policy of the Albemarle Commission Senior Nutrition Program to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. I acknowledge that the above guidelines have been explained and all my questions have been answered. In signing, I agree that the health and safety of the clients is top priority and I will follow the guidelines in performance of my volunteer assignment.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Initial _____

Name (Printed)

Signature

Date