



Instructions for Volunteer Drivers

Thank you so much for volunteering!

1. Meals will be available and ready for pick up at the St. Luke's North Hospital Smithville Campus, 601 US 169 Hwy, Smithville, MO 64089, in the Nutrition Services Department by 11:45 a.m. The Nutrition Service Department is located in the back of the hospital off Commercial Avenue. You may park by the orange door so that you can load the meals in your vehicle.
2. Report to the back entrance of the Nutrition Service Department and press the buzzer at the backdoor entrance to alert staff of your arrival.
3. If you are unable to deliver, please try to find a substitute by calling other volunteers and let the City know you have traded. If a trade can't be made, call the City at 816-532-3897 and we will find a sub for you.
3. You will receive a monthly schedule with the meal recipient's names, addresses, phone numbers and diet on it. You will also receive a list of the other volunteers delivering that month.
4. We have a rotating delivery schedule in which you will deliver the same day of the week during those months. The month schedules are:
 - January, April, July & October
 - February, May, August & November
 - March, June, September & December
4. Meals will be picked up and transported in such a way that the meals will remain safe for participants, by adhering to proper holding temperatures for both hot and cold food items. Each volunteer will receive 3 insulated food delivery bags at the beginning of the month of delivering meals. You will be able to keep the bags for the month, but on the last day of the month that you deliver, the bags will need to be returned to the hospital for the next volunteer to use. Each recipient will receive a hot clamshell and a sack with their cold items and drink (each will be labeled with the recipient's name and address on it).
5. Remember to be cheerful and friendly to the recipients, as many times you are their only human contact. **DO NOT RUSH YOUR VISITS...**however, remember your deliveries should be completed in a timely fashion. You will find that you will become attached to some of the recipients. Please do not offer financial or medical advice it can result in legal implications for you and MOW, always

protect yourself and suggest they call the doctor's office, family member or a lawyer.

5. Recipient's names, addresses and phone numbers are confidential.
6. Recipients must be home to receive a meal and please make voice contact. If no one answers the door use your cell phone to call the recipient at the number listed. If you do not have a cell phone come by City Hall and we will call the recipient. If no one answers the phone bring the meal to City Hall. Never leave a meal on the porch, unless a cooler has been left specifically for their meal. Never enter a recipient's home unless you are invited to do so.

I have read and will abide by these instructions.

Print Name

Signature

Date



City of Smithville

Meals on Wheels Volunteer Application

Name	
Address	
Phone	e-mail
DOB	SSN
Emergency Contact Name	
Relationship	Phone
Driver's License #	State
Auto Insurance Company	Phone
Day(s) of the Week	
Month(s) of the Year	
STATEMENT OF LIABILITY Smithville Meals on Wheels is not responsible for personal injuries or property damage suffered or caused by a volunteer in connection with his or her volunteer activities. As a condition to serving as a volunteer, each volunteer is expected to maintain his or her own insurance covering these and other risks.	
CONFIDENTIALITY STATEMENT It is understood that as a volunteer of Smithville Meals on Wheels you will protect the privacy of all those we serve by maintaining strict confidentiality when discussing meal recipients and the nature of their health conditions. Under no circumstances should a volunteer from Meals on Wheels divulge recipient information to anyone outside the organization.	
CRIMINAL RECORDS CHECK By signing below, I realize that a criminal records check may be conducted upon submission of this application, and I hereby consent to such a check.	
Signature	Date

Waiver and Release



Release and Waiver of Liability

This Release and Waiver of Liability is executed on this _____ (day) of _____ (month), _____ (year) by _____ (the "Volunteer") in favor of Meals on Wheels for The City of Smithville, MO.

The Volunteer desires to work as a volunteer for The City of Smithville, Meals on Wheels and engage in the activities related to being a volunteer. The Volunteer does hereby freely, voluntarily and without duress execute this Release of Waiver under the following terms:

- Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless The City of Smithville, Meals on Wheels and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for The City of Smithville, Meals on Wheels. Volunteer understands and acknowledges that this Release discharges Meals on Wheels from any liability or claim that the Volunteer may have against The City of Smithville, Meals on Wheels with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for The City of Smithville, Meals on Wheels.
- Medical Treatment.** Except as otherwise agreed to by Meals on Wheels in writing, Volunteer does hereby release and forever discharge Meals on Wheels from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for Meals on Wheels.
- Assumption of the Risk.** The Volunteer understands that the work for The City of Smithville, Meals on Wheels may include a variety of activities including, but not limited to: working in the Meals on Wheels office; moving and transporting the delivery of meals using Volunteer's personal vehicle.
- The Volunteer understands** that The City of Smithville, Meals on Wheels does not carry or maintain health, accident, liability(including without limitation motor vehicle liability), property loss or damage (including without limitation motor vehicle collision damage), medical or disability insurance coverage for any Volunteer or the property of any Volunteer. Each Volunteer is expected to obtain his or her own automobile, medical or health insurance coverage.
- Photographic Release.** Volunteer does hereby grant and convey unto The City of Smithville, Meals on Wheels all right, title and interest in any and all photographic images and video or audio recordings made by The City of Smithville, Meals on Wheels during the Volunteer's work for The City of Smithville, Meals on Wheels, including but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.
- Information Release.** Volunteer does hereby grant and convey unto The City of Smithville, Meals on Wheels the right to provide name and contact information to other volunteers (when requested) to be used for the purposes of finding a substitute volunteer when needed.

Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Missouri. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

By signing my name below I hereby give The City of Smithville, permission to conduct a criminal record check.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written .

Volunteer Name (print)

Address

Signature

City, State, Zip

Phone

Alternative Phone

Witness

Date