



# MOBILE MEALS, INC. VOLUNTEER APPLICATION

OFFICE USE
Site _____ Date _____
Database _____

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Are you a student?  Yes  No If yes, where? \_\_\_\_\_

How did you learn about Mobile Meals, Inc.? \_\_\_\_\_

What type of volunteer position are you interested in?

- Meal Delivery** (Deliver hot and frozen meals to clients, Monday – Saturday)
- Food Base/Dining Center** (Assemble meals for driver delivery/Prepare and serve meals to dining center clients, Monday - Friday)
- Office** (Filing, organizing and special projects needed, Monday – Friday)

Preferred volunteer locations:

- Summit County  Cuyahoga County  Portage County

Preferred times to volunteer:

- Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

How often can you volunteer?

- Once a week  Every other week  Once a month  Other: \_\_\_\_\_

Would you consider occasionally being a substitute for a route that is open because a regular volunteer can't work?

- Yes  No If yes, what is the earliest you can be called to substitute for an open route? \_\_\_\_\_

Have you ever volunteered for Mobile Meals, Inc.?  Yes  No If yes, when? \_\_\_\_\_

If yes, what were your duties? \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, give date and nature of the crime: \_\_\_\_\_

Any comments or questions? \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

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



## Mobile Meals, Inc. MOTOR VEHICLE RECORD REQUEST

The position to which you are applying or volunteering for may involve the driving of a vehicle. As a condition of employment or volunteer affiliation with Mobile Meals, Inc., your driving record will be investigated.

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

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Social Security # XXX-XX-\_\_\_\_\_  
(Last four digits)

CHECK THE APPROPRIATE BOX FOR EACH QUESTION:                      **YES**                      **NO**

Have you ever been denied a driver's license or had one suspended or revoked?                           

Have you had any moving traffic violations in the past 3 years?                                           

Have you had any auto accidents in the past 3 years?                                                           

IF THE ANSWER TO ANY QUESTION WAS "YES," PLEASE EXPLAIN (give dates of violations and for accidents)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have personal liability insurance?    **YES**                      **NO**  
   

I hereby grant permission for Mobile Meals, Inc. and its agents or assigns to secure a Motor Vehicle Report on me. I understand that in obtaining such a report, a consumer reporting agency may be used. I also affirm that the statements made above are stated truthfully and without reservation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Driver's Signature: \_\_\_\_\_

## **MOBILE MEALS, INC. CODE OF ETHICS**

In the interest of protecting client patient rights and ethical professional behavior, Mobile Meals volunteers and paid staff shall not:

1. Breech a client's privacy or the confidentiality of a client's records.
2. Share authorized passwords or access to his/her computer.
3. Discuss client case facts in public places.
4. Disregard client/patient advance directives in the delivery of service.
5. Withhold referral of clients/patients to additional services when a care plan indicates the need or the client requests referral.
6. Fail to inform clients/patients of available resources for conflict resolution or registering complaints about service provision.
7. Withhold referral of clients/patients to proper authorities (Dept of Human Services) if abuse is suspected.
8. Use client/patient car.
9. Consume client's food or drink while visiting a client's home.
10. Use a client's telephone for personal calls.
11. Discuss his/her own personal problems, religious beliefs, or political views with clients.
12. Accept gifts or tips or purchase items from the clients.
13. Bring friends or relatives to a client's home.
14. Consume a client's alcoholic beverages or their medicine or drugs for any purpose.
15. Smoke in a client's home.
16. Solicit money or goods from clients.
17. Use the service client's bathroom facilities without client's consent.
18. Engage the client in sexual conduct or in conduct that a reasonable person would interpret as sexual in nature.
19. Engage in behavior that causes, or may cause, physical, verbal, mental or emotional distress or abuse to the consumer.
20. Serve an ODA consumer who is a parent, stepparent, or spouse, authorized representative, legal guardian or power of attorney to the staff person.

This Code of Ethics is presented to you in compliance with professional practice standards and legal requirements for patient rights.

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



## **Certified Service Policy**

173-39-02 (B) (4) (g)

I understand that as a representative of Mobile meals, I shall not provide any aspect of a certified service to an ODA consumer. My duty as a Mobile Meals volunteer is limited to delivering meals. Volunteers are prohibited from performing certified services such as but not limited to, transportation, bathing and housecleaning.

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Volunteer Name

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Volunteer Signature

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Date