

**Forest County:  
Commission on Aging**



**Volunteer Handbook for Elderly Nutrition Program**

*"I shall pass through this world but once. Any good therefore that I can do or any kindness that I can show to any human being, let me do it now. Let me not defer or neglect it, for I shall not pass this way again..."*

*Mahatma Gandhi*

## Welcome and THANK YOU. . .

Thank you for volunteering for the Forest County Office on Aging. As Director, it is my duty to make sure that all consumers are served in the most effective and safest way possible. As a volunteer, you help deliver those services. Some of you are escort drivers, others deliver meals to the homebound or serve in our offices performing clerical tasks. We cannot do what we do without you!

Working together, our responsibility is to keep consumers at the top of our priority list. Their needs are the most important part of our role. In serving them, it is necessary that our volunteers and professional staff are competent and qualified.

We hope that you have a rewarding experience with us as a volunteer. Your willingness to help those by sharing a lifetime of knowledge and experience to improve the lives of older adults and their caregivers in your community is greatly appreciated. The contribution that you make as a volunteer is vital to help people maintain their independence and quality of life. Volunteering not only benefits society—research shows it can also pay big dividends in better health as you age. If you volunteer for as little as two hours a week, or about 96 hours per year, you may experience improved mental, emotional and physical health.

***"Doing good to others is not a duty, it is a joy, for it increases our own health and happiness." Zoroaster***

We hope that you share the importance of your volunteer work and its benefits with others, as we always welcome referrals for any new volunteers. The application is included in this handbook. Please take the time to complete the application in its entirety. If you have questions, please feel free to contact the Office on Aging at (715) 478-7712.

Thank you again for your time, talents and for making a difference in the lives of those in Forest County.

Sincerely,

Tammy Queen  
Director, Forest County Office on Aging  
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## **Introduction**

The Forest County Office on Aging welcomes you as a volunteer and hopes your association with the Office on Aging will be a mutually satisfying experience. Volunteers choose to make a difference in the community and affect many parts of the office. By taking the time to participate in our programs, volunteers influence the future of Forest County. In assisting staff with both daily tasks and new programs, volunteers enhance the levels of quality services the Office provides. We thank you for the time, devotion, and caring you are willing to share. We welcome each volunteer as you to choose to make a difference in Forest County. The Office utilizes volunteers in many capacities. Some examples include, serving as a Meal Site Driver, assisting the Meal Site Manager, transporting individuals to and from doctor appointments, leading Health Promotion classes like Strong Bodies, and assisting the Director in his or her office with special projects.

## **Mission Statement**

The Forest County Office on Aging is a professional agency, dedicated to advocating for the community, working with consumers to access resources and empowering them to make positive life changes. With high ethical standards, we collaborate with other agencies to benefit the consumer.

Utilizing federal, state and local funding along with consumer donations, we provide a wide variety of services and support to maintain and enhance the health and wellness of our consumers.

We serve Forest County consumers who are residents, 60 years of age or greater, their caregivers and their families.

## **Purpose of Volunteer Handbook**

The purpose of the volunteer handbook is to provide overall guidance and direction to volunteers. As you begin volunteering with the Office, you may have questions. This handbook is intended to help you answer those questions and to give you information necessary to help make your time spent volunteering a positive experience.

The contents of this Handbook are presented for informational purposes only. This Handbook is neither an employment contract nor does it create an employee-employer relationship, express or implied. Volunteers are **not** employees of the County. As a volunteer, you may be "active" or "inactive." The Office reserves sole discretion as to each volunteer's status at all times. The Office further reserves the absolute right to revoke an individual's volunteer privileges at any time and for any reason. The Officer also reserves the absolute right to utilize, or not utilize, services of volunteers.

The provisions set forth in this Handbook may be altered, modified, changed, or eliminated at any time by the County with or without notice. This Handbook supersedes any previous handbooks, statements, policies, or procedures, rules or regulations given to volunteers, whether verbal or written.

The Director, Administrative Coordinator, and the Personnel Committee will address areas not specifically covered by the policies. Please feel free to contact the Director at any time with questions and comments.

## **Office on Aging Responsibilities**

- Professional and safe environment.

- Compliance with state and federal law.
- Adequate information and training to carry out the volunteer duties, including a clear understanding of volunteer responsibilities and a written description for the varying volunteer roles.
- Trust and respect from agency staff and co-workers.
- Ongoing support and supervision by both the site manager and Office on Aging Director.

### **Volunteer Responsibilities**

Volunteers are a valuable resource of the Office. Volunteers will be given meaningful assignments, be treated with respect, and given effective supervision. Volunteers have full involvement and participation, and will be recognized for positive contributions. Volunteers are expected to perform their duties to the best of their abilities. They will remain loyal to the goals of the Office and operate according to its procedures. Although certain volunteers' duties and responsibilities will vary by the position, the following are general responsibilities that all volunteers are expected to adhere to:

- Obey applicable state and federal laws, and County policies, procedures and guidelines.
- Adhere to the County's fair employment policies; tobacco, alcohol and drug-free work environment policies; political policy; workplace harassment policy; workplace violence policy; conflict of interest policy.
- Carry out duties promptly and reliably.
- Report volunteer hours accurately and timely.
- Act in safe manner and only in accordance with the scope of an assignment.
- Accept guidance and direction and participate in any required training. Report completed training hours to your supervisor.
- Maintain confidentiality appropriate to assignment.
- Consult with supervisor when you have questions or concerns.
- Be professional and courteous to staff, other volunteers, and the public.
- Dress appropriately for the assignment.
- Attend volunteer meetings and complete required training as scheduled.
- Be punctual and give your supervisor adequate notice if you become unable to fulfill an assignment or commitment.
- Report to your supervisor any injuries or illnesses incurred while volunteering, no matter how minor, in a timely fashion.
- Have fun!

***“I am only one, but still I am one. I cannot do everything, but still I can do something; and because I cannot do everything, I will not refuse to do the something that I can do.”***  
***--Edmund Everett Hale***

## **Confidentiality Statement**

On occasion, a volunteer may witness an incident, be entrusted with information, or have access to records or files deemed confidential in nature. It is the Office's expectation that any volunteer privy to such information, material, or event will respect and safeguard the trust and privacy rights of affected individuals.

Confidentiality means to keep those private matters that have been entrusted to you entirely to yourself. Information of a confidential nature is not to be shared with anyone. If you have a question about what is confidential, please ask your supervisor. Violation of confidentiality is a serious breach of trust, and in some cases, of law. Disclosure of confidential information may result in revocation of volunteer privileges, civil action, or criminal prosecution.

## **Volunteer Status**

Volunteers are **not** employees of the Office. A volunteer may be considered "active" or "inactive." This status is at the discretion of the Aging Director. The Office reserves sole discretion to utilize, or not utilize, the services of volunteers.

## **Workplace Policies**

The Office expects all volunteers to be aware of and adhere to these policies. Violations of these policies may result in immediate revocation of volunteer privileges.

### **Fair Practices**

The Office promotes and affords equal treatment and services to all persons regardless of race, religion, color, ethnicity, national origin, sex, age, marital status, disability status, or any other basis prohibited by law.

It is also the policy of the Office to foster and maintain a harmonious and non-discriminatory environment. The Office will not tolerate jokes, comments, or other behavior which is derogatory, harassing, or otherwise discriminatory in nature.

### **Conflict of Interest**

Volunteers must avoid any interest, influence or relationship which might conflict or appear to conflict with the best interests of the Office. You must avoid any situation in which your loyalty may be divided and promptly disclose any situation where an actual or potential conflict may exist. Examples of potential conflict situations include:

- Having a financial interest in any business transaction with the Office, including any stage of negotiation of such a transaction.
- Owning or having a significant financial interest in, or other relationship with, an Office vendor or supplier, and
- Accepting gifts, entertainment or other benefit from the Office vendor or supplier.

Anyone with a conflict of interest must disclose it to the Director and remove themselves from negotiations, deliberations or votes involving conflict.

### **Formal Compliant Process**

Volunteers who believe they have been treated in an unfair manner while volunteering should promptly bring such concerns to the Office without fear of reprisal. Volunteers with such concerns are to promptly meet with the Director to discuss such concerns and any resolutions available to address them. If the volunteer's concerns pertain to the Director, then the volunteer shall promptly meet with the Administrative Coordinator to discuss such concerns and any resolutions available to address them.

### **Background Checks for Volunteers**

The Office will exercise appropriate care in screening, conducting background checks, and placement of volunteers into positions. The Office conducts screening and background checks to identify and minimize any risks surrounding placement of volunteers. The Office shall comply with any federal and state laws in conducting and considering the results of screening and background checks.

## **ANTI-DISCRIMINATION & HARASSMENT**

### **Policy Prohibiting Harassment and Discrimination**

The Office strives to maintain an environment free from discrimination and harassment, where volunteers and employees treat each other with mutual respect, dignity and courtesy. This policy applies to all phases and aspects of volunteering.

### **Prohibited Behavior**

The Office does not and will not tolerate any type of harassment. Discriminatory conduct or conduct characterized as harassment as defined below is prohibited. The term harassment includes, but not limited to, slurs, jokes, and other verbal or physical conduct relating to person's gender, ethnicity, race, color, creed, religion, sexual orientation, national origin, age, disability, marital, military service status or any other protected classification that unreasonably interferes with a person's work performance or creates an intimidating, hostile work environment.

Sexually harassing behavior in particular includes unwelcome conduct such as sexual advances, requests for sexual favors, offensive touching, or other verbal or physical conduct of a sexual nature. Such conduct may constitute sexual harassment when it:

- Is made an explicit or implicit condition of volunteering
- Is used as a basis for volunteering decisions
- Unreasonably interferes with the quality of an individual's volunteer services, or
- Creates intimidating, hostile or offensive environments.

The types of conduct covered by this policy include: demands or subtle pressure for sexual favors accompanied by a promise of favorable treatment or a threat concerning volunteering.

Specifically, it includes sexual behavior such as:

- Repeated sexual flirtations, advances or propositions

- Continued and repeated verbal abuse of a sexual nature, sexually related comments and joking, graphic or degrading comments about an individual's appearance or displaying sexually suggestive objects or pictures including cartoons and vulgar emails messages, and
- Any uninvited physical contact or touching, such as patting, pinching or repeated brushing against another's body.

Such conduct may constitute sexual harassment regardless of whether the conduct is between management, staff employees or volunteers, or any combination thereof, or directed at volunteers by non-employees conducting business with the Office, regardless of gender or sexual orientation.

### **Harassment by Non-employees**

The Office will also endeavor to protect volunteers, to the extent possible, from reported harassment by non-employees in the workplace, including citizens and suppliers.

### **Harassment and Discrimination Compliant and Investigation Procedure**

Any volunteer who wishes to report a possible incident of sexual harassment or other unlawful harassment or discrimination should promptly report the matter to the Director. If that person is not available or you believe it would be inappropriate to contact that person, contact the Administrative Coordinator.

Upon receiving a complaint from a volunteer, the Office will conduct a prompt investigation as confidentially as possible under the circumstances. Volunteers who raise concerns and make reports in good faith can do so without fear of reprisal. Volunteers have an obligation to cooperate with the Office in enforcing this policy and investigating and remedying complaints.

Any volunteer who becomes aware of possible sexual harassment or other illegal harassment or discrimination against others should promptly advise the volunteer's supervisor or any other appropriate member of management.

Anyone found to have engaged in behavior or conduct in violation of this policy will have their volunteer privileges revoked.

### **Retaliation**

Any volunteer who files a compliant of sexual harassment or other discrimination in good faith will not be retaliated against because of the compliant.

In addition, we will not tolerate retaliation against any volunteer who, in good faith, cooperates in the investigation of a compliant. Anyone who engages in such retaliatory behavior will have their volunteer privileges revoked.

## **CONDUCT STANDARDS**

### **Zero Tolerance for Workplace Violence**

The Office has a zero-tolerance policy concerning threats, intimidation and violence of any kind in the workplace either committed by or directed to volunteers. Volunteers who engage in such conduct will have their volunteer privileges revoked.

Volunteers are not permitted to bring weapons of any kind onto Office or County premises or to Office or County functions. Any volunteer who is reasonably suspected of possessing a weapon will be subject to a search at the County's discretion. Such searches may include, but not being limited to, the volunteer's personal effects, desk and workspace. Volunteers shall have no expectation of privacy with regard to any County property that volunteers may utilize from time-to-time while engaging in volunteer services for the County.

If a volunteer believes he or she has been subjected to threats or threatening conduct by another volunteer, a County employee, a vendor or a citizen during his/her volunteer services, the volunteer should notify his or her supervisor or another member of management immediately. Volunteers will not be penalized for reporting such concerns in good faith.

### **Drug and Alcohol Policy**

While on County premises and/or while conducting business-related activities off county premises, no volunteer may use, possess, distribute, sell or be under the influence of alcohol, illegal drugs or possess any related paraphernalia. Because prescription medication can also affect a volunteer's demeanor and performance, it is the volunteer's responsibility to notify the Director if he or she is taking legal prescription drugs that may affect performance or ability to perform the volunteer's duties. Such prescription drugs must be given under medical supervision, taken as prescribed and may not interfere with the performance of volunteer duties. Violations of this policy will result in revocation of volunteer privileges.

### **Smoking Policy**

Smoking is prohibited inside County facilities and County owned vehicles. All volunteers or visitors are expected to comply with this policy, and volunteers who violate it may have their volunteer privileges revoked. Smoking in your personal vehicle while delivering meals or at the Senior Dining locations is also not allowed.

### **Political Activity**

No volunteer may engage in political activities which: (1) interferes with normal performance of volunteer duties; (2) is conducted during the provision of volunteer services; or (3) involves the use of County equipment, supplies or property. No County volunteer may, while providing volunteer services on behalf of the County or while on County property, actively participate in any political campaign. This shall include, without limitation, the wearing of any political campaign paraphernal such as buttons, T-shirts or the like and may not hang or post candidate materials in County Offices, departments, or bulletin boards. (This includes any off-site facilities that the County may rent or use for County business including the Meal Sites).



## **SAFETY PROCEDURES**

The Office is concerned about your safety and has established a program to identify and eliminate workplace hazards. As a volunteer, your safety and health responsibilities are the same as any other volunteer. As such, you are responsible for following all safety and health rules, Wisconsin Food Code Safety and Sanitation laws, promptly reporting all unsafe conditions and injuries, wearing required personal protective equipment, taking reasonable precautions to ensure the safety of those you work with, and not performing tasks that you feel are unsafe. Your supervisor will provide you with necessary on-the-job safety training, depending on your individual work assignment, and any personal protective equipment (PPE) you need to perform your job.

### **Reporting Incidents, Injuries and Unsafe Conditions**

If you are involved in an incident or are injured while performing volunteer duties, report the circumstances to the Site Manager and Director immediately. See Appendix B Workplace Safety Grievance.

Additionally, if you observe an unsafe condition, have someone actively monitor the hazard and report the situation to the Site Manager immediately. Do not leave hazards unattended.

***“Real integrity is doing the right thing, knowing that nobody's going to know whether you did it or not. “  
Oprah Winfrey***

## **OTHER POLICIES, PROCEDURES AND GUIDELINES**

### **Volunteer Pay**

Generally speaking, volunteer positions are unpaid and do not provide for any benefits.

### **Dining Center Volunteer Position**

#### **General Description:**

To assist the dining site manager to maintain a sanitary meal site and to assist with serving safe, nutritious and appealing meals to eligible individuals at a Dining Center.

- Help set up, check participants in as they arrive and take reservation for next dining day
- Make full change for participants and provide the entire amount back to them so they can make a confidential donation in a private manner.
- Serve meals
- Assist with counting donations and verifying amount with Site Manager
- Assist with packing of home delivered meals
- Dining Site cleanup as assigned by Dining Center Manager.
- Other tasks as assigned.

### **Prayer at Congregate Meal Sites**

**PURPOSE:** To establish procedure of how prayer can be conducted at a congregate meal site.

**POLICY:** Each participant has a free choice whether or not to pray, either silently or audibly. The prayer or other religious activity is not to be officially sponsored, led or organized by persons administering the nutrition program or dining centers, including volunteers during the period of time they are volunteering.

**Procedure:** If participants would like to administer prayer before a meal is served, the only individuals who may initiate or lead a prayer is another participant. Nutrition Director, Site Managers or volunteers who are volunteering for the meal site cannot lead a prayer.

### **REFERENCES:**

**Wisconsin Policy and Procedure Manual for the Wisconsin Aging Network**

**Chapter 8.4.27.5**

### **Ensuring Participant Contributions Confidentiality**

**PURPOSE:** To define to be followed by the Forest County Nutrition Program staff and volunteers of meal service participant contribution to maintain confidentiality.

**POLICY:** The Older Americans Act emphasizes regard for the dignity of older persons by requiring that opportunities are provided to older persons to participate not only in the planning and administering of aging programs, but also in contributing toward the cost of services.

Therefore, each provider of Title-III services must provide each older person an opportunity to voluntarily contribute to the cost of service. Anyone who donates to the Forest County Nutrition Program will be ensured that the donation will be in a private location set aside from the congregate dining area to maintain confidentiality.

**DEFINITIONS:** "Private", a location where people will be able to confidentially place their donation without view or judgement of others.

### **PROCEDURE:**

1. If a Forest County Nutrition Program congregate dining participant makes a contribution at the Nutrition Site:
  - a. The confidential donation box will not be transparent and will have no other indicating attributes.
  - b. The Site Manager and volunteers will never acknowledge a participant's contribution verbally or non-verbally in front of other participants.
  - c. If a participant hands the Site Manager or volunteer their contribution directly, the Site Manager or volunteer will discreetly place the contribution in the donation box.
  - d. The Site Manager and volunteers will never verbally announce a participant's contribution amount.
  - e. The Site Manager will not keep a running total of individual participants contributions.

- f. If a program participant requests that change be made for a cash contribution provided at a dining center, the dining center manager will exchange smaller bills for the bill provided and allow the participant to contribute the amount desired in confidentially. For example, if the participant gives the dining center manager a \$20 bill, the dining center manager will give the participant \$20 in various bills. The dining center manager will not remove the suggested contribution amount and give the participant the difference. If change is not available on-site, participants cannot be denied a meal. Instead, the dining center manager could:
  - Provide a self-addressed stamped envelope to the participant with instructions for mailing contributions to the aging office.
  - Offer the participant a mailed donation letter .
- g. Remind the participant that contributions can be made for more than one (1) day at a time. For example, participants could make a larger contribution that day to cover several days of meals.
- h. Nutrition directors and dining center managers are responsible for reminding other staff and volunteers that contributions are voluntary and confidential and that no eligible participant will be denied a meal based on inability to donate.

## REFERENCES:

Wisconsin Policy and Procedure Manual for the Wisconsin Aging Network Section 8.3.7

## Serving Food-Standard Operating Procedure (SOP)

**PURPOSE:** To prevent foodborne illness by ensuring that all foods are served in a safe and sanitary manner. Safe food practices by nutrition programs cannot be compromised. In all phases of the food service operation, nutrition programs will adhere to state and local fire, health, sanitation and safety regulations applicable to the particular types of food-preparation and meal-delivery systems used by the program.

**POLICY:** Site Manager will visually observe, as well as accurately take and record objective data, i.e. temperatures, and follow the WI Food Code and all Food Safety Sanitation Guidelines in Section 8 of the WI Aging Network P&P Manual and in compliance with principles in Serving Safe Foods class, to assure that food is being served in a manner that prevents contamination during all hours of service.

## **PROCEDURE:**

1. Wash hands before putting on gloves, each time the gloves are changed, when changing tasks, and before serving food with utensils.
2. Avoid touching ready-to-eat foods with bare hands. To eliminate bare hand contact use utensils, deli papers, gloves, etc. Cross contamination between ready-to-eat food and unwashed or poorly washed hands causes foodborne illnesses. Avoid contaminating food by providing a barrier between your hands and the food.
3. Handle trays and plates by the edge or bottom; cups by the handle or bottom; and utensils by the handles.
4. Store utensils with the handles up or by other means to prevent contamination.
5. Hold potentially hazardous foods at the proper temperature. (Below 41 and above 140 degrees F).

6. Serve food with clean and sanitized utensils, and wear gloves and effective hair restraints at all times while cooking, dishing/plating and serving.
  - a. **Breads, Grain or Cereal**
    - i. 1 slice of bread, biscuit, bun, etc.
    - ii. ½ cup cooked grain (4 oz. ladle/spoodle or #8 scoop)
    - iii. ¾ cup dry cereal
  - b. **Vegetable or Fruit**
    - i. ½ cup cooked or canned (4 oz. ladle/spoodle or #8 scoop)
    - ii. ¼ cup dried
    - iii. 1 cup raw or 1 piece fresh whole like a banana, apple or orange
  - c. **Protein: Meat, poultry, fish or meat alternate** (3 oz. edible portion total for the meal, could be a combination of the following)
    - a. 3 ounces meat or the following each equal 3 ounces
    - b. 3 eggs  
¾-cup beans, if supplementing for protein in a hot dish, ½ cup will be served. (#8 scoop/4 oz. ladle/spoodle)
    - c. 6 T peanut or other nut butter. If supplementing protein in hot dish, 2TBSP= 1 ounce.
    - d. 3 oz. nuts  
¾ C. cottage cheese, if supplementing for protein in a hot dish, ½ cup will be served. (#8 scoop/ 4 oz. ladle or spoodle)
  - d. **Dessert**
    - i. ½ cup (4 oz. ladle)
    - ii. 1 equivalent (piece)
  - e. **Margarine, oil or butter-** 1tsp., 1 Patti or 1 individual serving size.
  - f. **Milk-**
    - i. 8 fluid ounces
7. Clean, sanitize and store utensils properly.
8. Date mark and cool potentially hazardous foods according to procedures explained in Serving Safe Foods. Offer second helpings to participant's, freeze leftovers according to local policy or discard leftovers.

**CORRECTIVE ACTION:**

1. Wash, clean and sanitize improperly handled plates, cups, or utensils.
2. Discard ready-to-eat food that has been touched with bare hands, or has exceeded time and temperature limits of proper holding.

**REFERENCES:**

Wisconsin Policy and Procedure Manual for the Wisconsin Aging Network Chapter 8.5.9, Wisconsin Food Code Fact Sheet # 27. Adapted from National Food Service Management Institute U.S. Department of Agriculture (USDA) and Food and Drug Administration (FDA)

**Washing Hands- Standard Operating Procedure (SOP)**

**PURPOSE:** To prevent foodborne illness by contaminated hands.

**POLICY:** All employees and volunteers are required to wash hands before assisting with, and during, any foodservice operations. Only wash your hands in sinks designated for handwashing. Do not wash your hands in utensil, food preparation, or service sinks.

**DEFINITIONS:** *Handwashing is the most effective means of preventing the spread of bacteria and viruses. Proper handwashing can prevent contamination of food, utensils, and equipment.*

**Wash Hands:**

- Before starting work.
- During food preparation.
- When moving from one food preparation area to another.
- Before putting on or changing gloves.
- After using the restroom.
- After sneezing, coughing, or using a handkerchief or tissue.
- After touching hair, face or body.
- After smoking, eating, drinking, or chewing gum or tobacco.
- After handling raw meats, poultry, or fish.
- After any clean up activity such as sweeping, mopping, or wiping counters.
- After handling trash.
- After handling chemicals or medications.
- After handling money.
- After any time the hands may become contaminated.

**PROCEDURE:**

1. Follow proper hand washing procedures as indicated below:
  - Remove any jewelry and then wet hands with warm water running water at least at 100 degrees F and apply soap (about 1 Tablespoon), not a hand sanitizer solution, work up a soapy lather that covers hands and forearms.
  - Scrub lathered hands, palms, forearms, back of hands, under fingernails, and between fingers for at least 10-15 seconds. Rinse thoroughly under warm running water for 5-10 seconds (minimum of 20 seconds for complete wash and rinse process).
  - Dry hands and forearms thoroughly with single-use paper towels.
  - Dry hands for at least 30 seconds if using warm air hand dryer.
  - Turn off water using paper towels.
  - Use paper towel to open door when exiting the restroom.

**CORRECTIVE ACTION:**

1. Any foodservice employees/volunteers that are observed not washing their hands at the appropriate times or using proper procedure to wash their hands will be ask to wash their hands immediately.
2. Retrain foodservice employees/volunteers to ensure proper hand washing procedure is being used.

## **REFERENCES:**

Wisconsin Policy and Procedure Manual for the Wisconsin Aging Network Chapter 8.6.9.2.1 and WI Food Code Fact Sheet- dfs\_fs\_064\_1Handwashing.pdf 2016.

Adapted from the National Food Service Management Institute U.S. Department of Agriculture (USDA) and Food and Drug Administration (FDA)

## **Volunteer Home Delivered Meal Driver Position**

### **General Description:**

To provide delivery of lunch, socialization and a well-person check, to eligible homebound individuals. The Aging Director determines eligibility for home delivered meals. Serve with compassion without judging living conditions or standards. However, if you feel that safety or health is at risk, the situation should immediately be reported to the Aging and Disability Resource Center.

### **Safety:**

- All volunteers are required to wear a properly fastened seatbelt.
- Use your own judgment when it comes to safety. When encountering an icy sidewalk or any unsafe situation while delivering meals your safety needs to come first.
- Local radio stations will be notified if home delivered meals will be cancelled due to inclement weather. You may also check with the Site Manager or Director
- If you are going to help with sealing or putting food in the trays, you must wash your hands first. You must also wear gloves to put the food in the trays.

### **Supervision:**

Drivers report to the Site Manager, then the Aging Director.

### **Commitment:**

On your scheduled day, you agree to arrive to pick up home delivered meals at the dining center at the time designated by the Dining Site Manager. You also agree to notify the Site Manager of illness or vacation plans so a substitute may be found to deliver for you by 7:00 a.m. on the day you are scheduled to deliver. We are serving a vulnerable population so if you have diarrhea, Vomiting, fever, jaundice, or sore throat with fever you should not report to work.

### **Training:**

All home-delivered meal drivers must receive training in how to recognize red flags in a home-delivered meal recipient's health or safety. Additionally, training will be provided on how to safely transport meals and other training may be offered as needed.

### **Meal Packaging:**

All food will be packaged in trays and be ready to be packed into the insulated carriers with either hot or cold

packs to keep the food in a safe temperature zone. Always double-check the number of trays with the number of people on your route.

**Donations:**

The participants in the Home Delivered Meal Program will receive donation letter from the Office once a month. The drivers are not allowed to accept money from participants they are delivering to. Participants are informed of this policy when the initial assessment is completed and again annually when their eligibility is reassessed. Nutrition directors and dining center managers are responsible for reminding other staff and volunteers that contributions are voluntary and confidential and that no eligible participant will be denied a meal based on inability to donate.

**Delivery:**

Recipients of home delivered meals agree to be home for the meal or to notify the Dining Center Manager of a planned absence. Never leave a meal if the recipient is not home to receive it. This is for their safety as unrefrigerated food will not be safe to eat and the person could be having a medical emergency.

Report a person not home to the Site Manager first, if you are unable to contact them call the Aging Director.

**Sanitation:**

- Wear clean clothing and clean hats. Keep your hands clean using proper hand washing techniques. Try to avoid touching your hair, mouth and nose. Refrain from petting animals, however, if you do, wash your hands before delivering the next meal.
- If a participant needs your help opening milk or cutting meat, wash your hands.
- Make sure your car is free of debris that may be a carrier of bacteria. Pets are not allowed to ride in the vehicle during delivery of meals.
- Volunteers are asked to refrain from smoking while making deliveries, to keep the food smoke-free, and out of respect for our client's well-being.
- Do not deliver meals if you have a cough or fever. You should be free of fever for 24 hours with no fever reducing medicine.
- Optional: Hand sanitizer should be kept in the car for situations when you are unable to wash your hands use hand sanitizer after every delivery

**Delivery Instructions:**

Because the meals may include several components, cross check it with your copy of the monthly menu to ensure that you are delivering a complete meal. The meals may include several components.

Food temperatures at the time of service and at the time of delivery will be no less than 140 degrees F for hot foods and no more than 41degrees F for cold foods. Therefore, it is important that you use the hot and cold sources in the appropriate bags. Also, minimize the time that the bag is open, when you close the bag, be sure it closes securely. Open and close hot food delivery containers as quickly as possible to retain heat/cold. If walking a distance with the meal, carry

it in the insulated bag (ie: apartment building). In hot weather keep the cold food in the air-conditioned interior of your car when possible.

Some consumers have delivery instructions listed on the route sheet – such as “use the back door” or “open milk.” If you have suggestions for changes to the route sheet, please let your site manager know. Please encourage participants to eat the hot meal right away and refrigerate any leftovers promptly. Ask the participant whether they want to reserve a meal for the next day. If they decline a day, please inquire for the next delivery date.

### **At the Participants Door**

Nutrition program staff or volunteers must deliver meals into the hands of the recipient, a caregiver, or another person designated by the recipient. **Therefore, leaving meals outside, in coolers, or otherwise unattended is prohibited.**

Always knock first and announce loudly "Meals on Wheels" in case the door is open. Do not leave the meal if no one is home. Inform the staff that day when a participant is not home.

- If you observe that a client has uneaten meals, or if you notice any changes in the client's appearance or behavior, or if you see any other unusual signs of disorder or unsanitary conditions, report your observations to your supervisor.
- If any clients have questions, complaints, or instructions regarding meal delivery, ask them to call the office.

### **Late Arrivals**

If you are late delivering a meal, apologize and explain that every effort is made to ensure a timely delivery. Politely remind the client of the time frame for delivery of their meal.

### **Meal Cancellations:**

If a customer wants to cancel a meal, record it on the HDM route sheet that you mark when you have delivered the meal. Inform the site manager on return from delivery of the participant who want meals for the next day.

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### **Emergencies:**

- 1) If a participant does not answer the door:
  - a) If unlocked, open the door and attempt to get a response by calling out to the person.
  - b) Return the meal to the Senior Center and notify the Nutrition Program Manager ASAP. If you carry a cell phone, call it in to the center. Center phone # \_\_\_\_\_
- 2) If you find a participant on the floor or injured:
  - a) If they are verbally alert and requesting you to call a neighbor or relative do so.
  - b) If it is clearly a medical emergency, **Dial 911**
  - c) **DO NOT MOVE OR TRY TO FEED AN INJURED PERSON**
  - d) When you have called for help, if the person is conscious, assure him/her that help is on the way. Keep the person calm.
  - e) Cover him/her with a blanket
  - f) When the situation is under control, continue with the rest of the deliveries.



- g) Do not discuss this event with others, except the Nutrition Program Manager. Please call the Aging and Disability Resource Center staff to discuss it also, if it was a serious situation
- h) Complete an incident report and send copy to:

Tammy Queen  
Director, Forest County Office on Aging  
200 E. Madison St.  
Crandon, WI 54520  
(715) 478-7712  
[tqueen@co.forest.wi.us](mailto:tqueen@co.forest.wi.us)

### **Emergency Warning Signs**

The following warning signs, compiled by the American College of Emergency Physicians, suggest you should seek immediate help:

- Sudden pain at any location in the person's body. Chest pain or pressure in the upper abdominal area, for example, can signal a heart attack.
- Sudden inability to speak or one side of face sagging
- Sudden dizziness, headache, or change in vision
- Weakness, fainting, or loss of consciousness
- Difficulty breathing or shortness of breath
- Severe or persistent vomiting or diarrhea
- Suicidal or homicidal feelings
- Significant bleeding, whether or not accompanied by pain

### **Confidential Information & Route Sheets:**

The route sheet with customer's name, address, & phone number is confidential information. When you return from delivering meals, the route sheet needs to be placed upside down in the assigned basket in the kitchen. We will then use these sheets to record meals served.

Do not discuss any persons or events with the other people on the route, friends or other people.

### **What Else May We Ask You to Deliver:**

Monthly menus, encourage them to hang on their refrigerator. Welcome packet to new folks, other paperwork, special announcements, etc...

### **10 Warning Signs that someone may need additional help**

1. Changed eating habits, resulting in losing weight, having no appetite, or missing meals.

2. Neglected personal hygiene, including wearing dirty clothes and having body odor, bad breath, neglected nails and teeth, sores on the skin
3. Neglected home, with a noticeable change in cleanliness and sanitation
4. Exhibited inappropriate behavior, such as being unusually loud, quiet, paranoid, or agitated, or making phone calls at all hours.
5. Changed relationship patterns, causing friends and neighbors to express concerns.
6. Had physical problems, such as burns or injury marks, which may result from general weakness, forgetfulness, or misuse of alcohol or prescribed medications.
7. Decreased or stopped participating in activities that were once important to them, such as bridge or a book club, dining with friends, or attending religious services.
8. Exhibited forgetfulness, resulting in unopened mail, and piling of newspapers, not filling their prescriptions, or missing appointments.
9. Mishandling finances, such as not paying bills, losing money, paying bills twice or more, or hiding money.
10. Made unusual purchases, such as buying more than one subscription to the same magazine, entering an unusually large number of contests, or increasing purchases from television advertisements.

### Boundaries

Keep your relationship with clients on a friendly yet professional level. Avoid running errands for participants and receiving gifts or tips from them. If clients request help running errands or transportation, tell your assessment coordinator who will arrange appropriate referrals. There should be a basic set of boundaries between a Volunteer and client. If a client makes seemingly harmless requests with which you are not comfortable, **you are to decline**. In fact, the Office supports you in your boundaries.

#### *Your Time*

- Be realistic about your available time.
- Don't over commit.
- Try to limit your time helping someone while on your route due to food safety issues.

#### *Your Privacy*

- Clients and their caregivers should not call Volunteers at their homes. The Office does not provide Volunteers' telephone numbers.
- Gently turn aside any conversational questions the client or his/her caregiver may ask you if you prefer not to answer.
- At times, friendships develop between Volunteers and clients. In these cases, the volunteer should keep the

Site Manager/Aging Director in the communication loops about additional support that could be provided. With regard to ongoing services, we ask that the Volunteer and client continue to use the processes outlined in this manual.

### **Gifts and Tax Information**

Volunteers should be careful not to accept payments or gifts from participants, as this could be viewed as using the vehicle “for hire” —which would affect personal automobile insurance coverage.

Some volunteer drivers choose to deduct their mileage driven as a volunteer “for charitable purposes” from their taxes. The Internal Revenue Service and your local program set the mileage rate for such deductions. Check with your accountant or the IRS (web site: [www.irs.gov](http://www.irs.gov)) for current rates and limitations. **This deduction can only be used if a volunteer does not receive a monetary reimbursement for mileage from Forest County.**

### **Auto Insurance**

The Forest Count Office on Aging does not have insurance coverage for volunteer drivers. The Volunteer Driver must have his/her own automobile insurance policy that will cover damage to the vehicle, to self, and to others. Check your policy and know the requirements of your own insurance company.

### **Insurance, Accidents or Injuries involving the Home Delivered Meal Driver**

You, as the volunteer, understand that your personal auto insurance is primary coverage, and

1. You should review your policies to ensure that there is not language that would prohibit you from providing volunteer transportation
2. That the Office maintains coverage only in excess of the driver’s personal coverage.

### **Test Trays and Temperatures (at least quarterly)**

We require that a temperature check be done at the end of each route at least quarterly. These reports are an essential part of our required documentation for this program. Your supervisor will provide the following information to you.

- Record time of food pickup and the last delivery as instructed by your supervisor.
- The Test Tray will be clearly marked. After you deliver the last meal on the route, take the temperature of all food items. You should be given a thermometer. Insert the probe half way into the food item being tested- be sure the dimple on the bottom of the thermometer is inserted in the food, this is vital for proper temp. Once thermometer stabilizes, record the temperature.
- Also, record comments about the how meal looks and tastes of the meal on the “Home Delivered Meal Test Tray Form”.
- Keep ongoing notes of client comments and your own observations. These might include positive comments about the food or any aspect of the program, or suggestions for

improvement. This information will be passed on to the proper person, usually the dining center manager.

## Home Delivered Meal Test Tray Form

Route: \_\_\_\_\_

Time left on route \_\_\_\_\_

Time tray checked \_\_\_\_\_

**Instructions:** Please test meal after last delivery and record below. Insert the thermometer into the thickest portion of the food item. Let the thermometer reading stabilize. Please note the appearance, smell and taste of the food below. Thank you!

	Menu Item	Temp when meal was packaged (Ask Site manager)	Temp at the end of the route	Acceptable Delivery Temperature**
	<b>Entree</b>			140 or above
	<b>Starch/Veggie</b>			140 or above
	<b>Vegetable</b>			140 or above
	<b>Salad or Fruit</b>			41 or below
	<b>Dessert</b>			41 or below
	<b>Milk</b>			41 or below
<b>Comments on Food's Appearance:</b>				
<b>Comments on Foods Taste:</b>				
<b>Comments on Foods Smell:</b>				

\*\*Acceptable temperature to maximize food quality, palatability, and safety of food. Foods should not be held in the danger zone (41-140 degrees F) for more than 4 hours.

Completed by \_\_\_\_\_ Date \_\_\_\_\_

Nutrition Directors Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Corrective action needed? Yes \_\_\_\_\_ No \_\_\_\_\_

Other Notes:

**Receipt for Volunteer Handbook**

I have received a copy of the Volunteer Handbook, which outlines the policies, and procedures of the Office in effect at the date of publication. I have read and understand the information in it and agree to abide by the policies during my volunteering.

I understand that this Handbook does **not** constitute a contractual arrangement or employment agreement between the Office and its volunteers of any kind including, but not limited to, the terms and conditions of volunteering. The Office reserves the right to utilize, or not utilize, the services of volunteers.

**I further understand that I am not an employee of the Office, but a volunteer. As such, I recognize that I am not entitled to various pay, overtime and other benefits that may apply in an employment setting.**

I understand that it is my responsibility to secure information from the Director if I have any questions or concerns about any of the information outlined in this Handbook.

I understand that these policies and procedures are continually evaluated and may be amended, modified, or terminated at any time and at the sole discretion of the Office with or without notice.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Aging Director**

# Volunteer Confidentiality and Code of Ethics Agreement

I, \_\_\_\_\_ acknowledge that the Office on Aging of Forest County provides services and resources to clients 60 years and older and/or their families. In providing such service, confidential personal, technical and business information about the individuals receiving services is shared.

In the course of volunteering my time and effort in assisting the Aging Services Unit in providing such service to clients, I recognize that it is my responsibility to maintain the confidentiality of all such personal, technical and business information and comply with the Health Insurance Portability and Accountability Act (HIPAA) standards.

Confidential information includes, but is not limited to, any information that identifies a client or discloses any information about the client. I agree that I will not share any information regarding a client's service by the Aging Unit nor will I acknowledge that a person may be receiving services from the program, including both verbal and written sharing of information. I also agree that I will not share any client information even if the information is available through other means. I further acknowledge that the confidentiality policy applies after termination as a volunteer with the Program.

**Code of Ethics:** The purpose of this Code is to establish ethical standards of conduct for all volunteers by identifying those acts or actions that are not compatible with the best interest of the individuals served by the Aging Services Unit.

- Volunteers will treat all individuals with the same care. A volunteer shall not give special consideration, treatment or advantage to any individual beyond that which is available to every other individual.
- Volunteers shall not accept anything of value from clients they are serving or assisting. **NO** tips or gifts are to be accepted from any individual for services rendered.
- Volunteers serve with care and intelligence. They are not to judge living conditions or standards of the individuals served.
- Volunteers will respect an individual's right to privacy:
  1. Do not interject or discuss religious beliefs, attitudes, values or offer medical advice.
  2. Political views are personal and not to be discussed.
  3. The recipients we serve are often vulnerable, frail, lonely and at risk of possible exploitation and /or easily influenced. It is our responsibility to accept this and not in any way take advantage of any information for personal or financial gain.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**



### AUTHORIZATION AND CERTIFICATION

*Please read and initial each of the following statements. If you have a question regarding any of these statements, ask the Director prior to initialing and signing. Your initials and signature verify that you have read, understand and agree to abide by these statements.*

\_\_\_\_\_ I hereby certify that all the statements made on, or in connection with, my Volunteer Application are true, complete and correct to the best of my knowledge and belief without omissions of any kind. I agree that any misstatements or omissions of material fact subject me to disqualification or dismissal. I agree that Forest County shall not be liable in any respect if my volunteer position is terminated because of false statements, answers or omissions made by me in this Volunteer Application.

\_\_\_\_\_ I authorize any person contacted to provide Forest County any and all information regarding my employment, education, and other information concerning any of the subjects covered by the Volunteer Application which may include but not limited to: Performance evaluations; work records; supervisors' comments; results of any and all tests; disciplinary reports or letters; and complaints or allegations regarding any records from my present and/or former employers. I release and hold harmless Forest County, its officers, agents and employees, and the persons providing the information from any liability, related to the providing of this information.

\_\_\_\_\_ I authorize Forest County, its officers, agents and employees to conduct a background check (including criminal) prior to making a decision regarding Volunteering. I release and hold harmless Forest County, its officers, agents and employees, and the persons providing the information, from any liability related to the performance or result of this check.

\_\_\_\_\_ If accepted as a Volunteer, I understand that I am an "at will" Volunteer. In addition, I understand that Forest County maintains a drug-free and violence-free workplace.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Forest County is committed to the equality of opportunity for all people. It is the policy of Forest County to provide equal opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, member in the National Guard or any other reserve component of the United States or State military forces, use or non-use of lawful products off the employers premises during non-working hours, or any other non-merit factors, except where such factors constitute a bonafide occupational qualification, and except where conviction and/or arrest record substantially relates to the circumstances of the*





## Volunteer Application

Application Date \_\_\_\_\_

Volunteer Position Sought \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

### **Education**

Highest Level of Education \_\_\_\_\_

Special training, skills, hobbies \_\_\_\_\_

Groups, clubs, organizational memberships \_\_\_\_\_

Please describe your prior volunteer experience (include organization names and date of service)

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Why do you want to be a volunteer? (or what do you want to gain from this volunteer experience?)

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Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and date of the conviction and disposition.) Conviction of a crime is not an automatic disqualification for volunteer work.

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Do you have a valid driver's license?  Yes  No

Car Insurance?  Yes  No Driver's License # \_\_\_\_\_

Do you own a car to deliver Meals?  YES  No

REFERENCES: Please list three people who know you well and can attest to your character, skills and dependability.

Name/Organization	Relationship to you	Phone	Length of Relationship
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1.

2.

3.

**Please read the following carefully before signing this application:**

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I understand that I am not applying for employment with Forest County, as the position I am applying for is purely voluntary in nature.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Forest County Commission on Aging that is true, correct and complete to the best of my knowledge. I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Forest County Commission on Aging. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with the Forest County Commission on Aging or my termination as a volunteer.

Signature\_\_\_\_\_ Date\_\_\_\_\_

## VOLUNTEER GRIEVANCE FORM

Name- Last, First, Middle Initial: \_\_\_\_\_

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

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

Describe the complaint- state all facts, including time, place of incident, names of persons involved, etc.:

Action Requested:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form can be returned to: Tammy Queen Director, Forest County Office on Aging

200 E. Madison St.

Crandon, WI 54520

(715) 478-7712

[tqueen@co.forest.wi.us](mailto:tqueen@co.forest.wi.us)

Date Form Received: \_\_\_\_\_

Date Form Reviewed and by Whom: \_\_\_\_\_

Date Meeting Held with Volunteer: \_\_\_\_\_

Date of Resolution: \_\_\_\_\_