

# **Meals on Wheels Application for Volunteering**

## **Dining Room/Kitchen**



*Updated March 2023*



**Applicant Agreement**

I understand that I am required to participate in any orientation/training provided by Meals-on Wheels.  
I agree to uphold and abide by the policies and procedures of Meals-on-Wheels of Flathead County.  
I understand that Meals-on Wheels reserves the right to terminate any volunteer at its sole discretion.

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Print Name

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Date

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Signature



Flathead County  
**agency** on **aging**

40 11<sup>th</sup> Street W.

Kalispell, MT 59901

406-758-5730

## **VOLUNTEER CONFIDENTIALITY AGREEMENT**

I understand that as a volunteer of the Flathead County Agency on Aging (AOA) I must keep confidential information I may learn about AOA clients in the course of my volunteer duties.

The use or disclosure of any information concerning a client, or for any purpose not directly related to serving the client, is prohibited, except on written consent of the client, or the court-appointed guardian of a client.

Confidential information is defined as personal information which federal or state legal authorities or regulations protect from general public access and release. It includes but is not limited to the name, social security number, driver's license number, street and postal addresses, phone number, email address, medical data, protected health information as defined for purposes of the federal Health Insurance Portability and Accountability Act (HIPAA) and Health Information for Economic and Clinical Health Act (HITECH), individual eligibility information, individual case information, programmatic payment and benefit information and information obtained from the IRS or other third parties that is protected and confidential.

Any unauthorized disclosure or use of confidential personal information by a volunteer must be reported to AOA staff immediately so steps can be taken to retrieve such information and prevent further unauthorized disclosure or use.

My signature below means I understand and agree to abide by the confidentiality rules stated above.

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**Volunteer Name (printed)**

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**Signature**

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**Date**

**Photo Release  
Waiver, Authorization and Certification**

I hereby grant permission to **Flathead County**, and its officers, trustees, employees, agents, students, representatives, successors, licensees and assigns to photograph my image, likeness, or depiction and/or that of my minor child(ren) (if applicable). I hereby grant permission to Flathead County to edit, crop, or retouch said photographs and consent to and permit said photographs to be used by Flathead County for any purpose in any medium, including print and electronic means. I understand that Flathead County may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for Flathead County's use or publication of said photographs.

I hereby fully and forever discharge and release Flathead County from any claim for damages of any kind (including, but not limited to, invasion of privacy; defamation; false light or misappropriation of name, likeness or image) arising out of the use or publication of said photographs by Flathead County, and covenant and agree not to sue or otherwise initiate legal proceedings against Flathead County for such use or publication on my own behalf or on behalf of my minor child(ren). I acknowledge and represent that I am over the age of 18, have read this entire document, that I understand its terms and provisions, and that I have signed it knowingly and voluntarily on behalf of myself and/or my minor child(ren) (if applicable).

I certify that have the right to use and/or transfer the right to use said photographs and that such use will not violate any copyrights. I further certify that the photographs are not subject to any third-party intellectual property rights.

**I have read and understand the above:**

**Printed name:** \_\_\_\_\_

**Minor Child(ren) (if applicable):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

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

## Receipt of Volunteer Handbook

This is to acknowledge that I have received a copy of the Meals-on-Wheels of Flathead County Volunteer Handbook and I understand that it contains information about the policies and practices of Meals-on-Wheels. I agree to read and comply with this Volunteer Handbook. I understand that Meals-on-Wheels retains the right to make decisions involving volunteers as needed in order to conduct its work in a manner that is beneficial to Meals-on-Wheels. I understand that this Volunteer Handbook supersedes and replaces any and all prior Volunteer Handbooks and any inconsistent verbal or written policy statements.

I understand that Meals-on-Wheels reserves the right to revise, delete and add to the provisions of this Volunteer Handbook at any time without further notice. I understand that no oral statements or representations can change the provisions of this Volunteer Handbook.

If I have questions regarding the content or interpretation of this Volunteer Handbook, I will ask my site manager.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

VOLUNTEER  
SIGNATURE \_\_\_\_\_