

## MEALS ON WHEELS KITSAP VOLUNTEER APPLICATION PACKET

Since 1973, Meals on Wheels Kitsap has been part of our community serving seniors with hot nutritious meals and providing socialization at our community dining sites, and delivering meals to home bound seniors.

Our mission is to provide meals, nutrition, and support services to improve the health and quality of life for seniors and others with hunger and health needs in Kitsap County.

As a part of the Meals on Wheels Kitsap team, you are contributing your time and talent to ensure the success of our program services. Program volunteers serve our clients during weekdays. There may be additional volunteer opportunities on weekends. Please complete the attached application and forms indicating your interest and availability – thank you!

- \_\_\_\_\_ Application
- \_\_\_\_\_ Community Dining Site Opportunities
- \_\_\_\_\_ Home Delivered Meals and Other Opportunities
- \_\_\_\_\_ Confidentiality Agreement
- \_\_\_\_\_ Media Release Form
- \_\_\_\_\_ Washington State Patrol Background Check Form



## Meals on Wheels Kitsap (MOWK) Volunteer Application

### About You:

Full Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you ever volunteered with MOWK before? YES \_\_\_\_\_ When? \_\_\_\_\_ NO \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Previous Work or Occupation: \_\_\_\_\_

Do you have your own transportation? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have a valid Driver's license? YES \_\_\_\_\_ NO \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Do you have current vehicle insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

### Person to notify in case of emergency:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### How did you find out about volunteering with us?

Newspaper \_\_\_\_\_ Friend \_\_\_\_\_ Internet \_\_\_\_\_ Facebook \_\_\_\_\_ Email Newsletter \_\_\_\_\_

Mealsite \_\_\_\_\_ Senior Fair/Community Event \_\_\_\_\_ BKAT \_\_\_\_\_ Other \_\_\_\_\_

### Optional Data (Our funders request this information - your response also helps us with our recruitment efforts).

\_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black/African American

\_\_\_\_\_ Pacific Islander

\_\_\_\_\_ Caucasian

Veteran \_\_\_\_\_ Yes \_\_\_\_\_ No

Hispanic \_\_\_\_\_ Yes \_\_\_\_\_ No

### Volunteer Requirements (please initial you have read):

\_\_\_\_\_ Background Check Required (all volunteers) annually updated.

\_\_\_\_\_ Volunteer In-Service Training (all volunteers) annual event. As part of our continued commitment to providing quality services for our senior clients, we offer the required in-service training once a year to ensure Washington State Nutrition Program Standards and food handling practices are current.

\_\_\_\_\_ Food Workers Card (dining site volunteers) updated every three years

\_\_\_\_\_ Copy of Driver's License and Proof of Vehicle Insurance (home delivered meals volunteers) annually updated.

## Community Dining Site Volunteer Opportunities

Please circle sites and days available. The approximate time commitment is from 11 A.M. to 1 P.M.

|   |        |         |           |          |        |
|---|--------|---------|-----------|----------|--------|
| <b>Bainbridge</b><br>Senior<br>Community<br>Center      | Monday | Tuesday | Wednesday | Thursday | Friday |
| <b>Bremerton</b><br>Senior Center                       |        |         |           | Thursday | Friday |
| <b>Bremerton</b><br>Pinewood<br>Manor<br>Apartments     | Monday | Tuesday | Wednesday | Thursday | Friday |
| <b>Burley</b><br>Community Hall                         | Monday |         | Wednesday |          | Friday |
| <b>Kingston</b><br>Village Green<br>Community<br>Center |        | Tuesday |           | Thursday |        |
| <b>Port Orchard</b><br>Conifer Ridge<br>Apartments      |        | Tuesday |           | Thursday |        |
| <b>Poulsbo,</b><br>North Kitsap<br>Senior Center        |        |         | Wednesday |          |        |
| <b>Silverdale</b><br>Golden Tides I                     | Monday |         |           |          |        |
| <b>Silverdale</b><br>United Methodist<br>Church         |        | Tuesday |           | Thursday | Friday |

**A Washington State Food Worker Card is required for all community dining site volunteers.** You must obtain one within 14 days of your application approval. Reimbursement of the \$10.00 fee is available. If you have one, please send a copy with your application.

The required course and test are available at [www.foodworkercard.wa.gov](http://www.foodworkercard.wa.gov). If you do not have access to a computer you may take the test at the Kitsap Public Health District office. Additional information is available by calling 360-728-2235.

**Have a talent to share?** We are always looking for Entertainment/Activities for the community dining sites such as dancing, singing, art, playing an instrument, etc. If yes please specify:

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## Home Delivered Meals Volunteer Opportunities

The time commitment is approximately 10:15 A.M. to 12:45 P.M. Meals should arrive no later than 1 P.M.

Volunteers deliver hot meals to the homebound in the Bremerton area and frozen meals to the outlying areas. You may commit to one day a week, one day every other week, or drive as part of our substitute (on-call) pool. We strongly encourage all of our drivers to be trained on multiple routes.

Which days would you be available?

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_

Are you comfortable driving in inclement weather? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a time of year you regularly are vacationing/out of town? If so approximately when?

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## Other Driving Opportunities

Would you be interested in the delivery of Farmers Market Produce to homebound seniors bi-weekly starting in Mid-August through October? Yes \_\_\_\_\_ No \_\_\_\_\_

## Other Volunteer Opportunities

Assembly of Gifts \_\_\_\_\_ Brochure Distribution \_\_\_\_\_ Clerical \_\_\_\_\_

Fundraising Events \_\_\_\_\_ Info Packet Preparation \_\_\_\_\_ Mailings \_\_\_\_\_

Reception/Phones \_\_\_\_\_ Outreach \_\_\_\_\_ Special Projects \_\_\_\_\_

Which days would you be available?

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

# MEALS ON WHEELS KITSAP

## *Volunteer Confidentiality Agreement*

I understand that as a Meals on Wheels Kitsap volunteer, I may have access to certain confidential information about the participants of the program.

Confidential information means information that is exempt from disclosure to the public or any other unauthorized persons under Chapter 42.56 RCW or other federal or state laws.

Confidential information includes, but is not limited to, protected health information as defined by the federal rules adopted to implement the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Personal Information.

Personal information means information identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education, business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers.

It is my responsibility to:

- 1) Protect the privacy of those about whom I have confidential information.
- 2) Not reveal confidential material to unauthorized persons.
- 3) Not talk about individuals or matters pertaining to any participant.
- 4) Limit my access to confidential information to that for which I am authorized.
- 5) Not talk about participants or their families with anyone who does not work for Meals on Wheels Kitsap.

I have read the above and agree to abide by these rules. I understand that violating this agreement could result in termination of my volunteer activities with Meals on Wheels Kitsap.

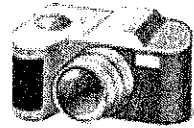
Volunteer Printed Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

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

# MEALS ON WHEELS KITSAP

## *Media Release Form*



I, the undersigned, do hereby consent and agree that Bremerton Services Association (dba Meals on Wheels Kitsap), its employees, or agents have the right to take photographs, videotape, or digital recordings of me to use these in any and all media, now or hereafter known, and exclusively for the purpose of promoting senior nutrition programs and services. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release Bremerton Services Association (dba Meals on Wheels Kitsap), its agents and employees all right to exhibit this work in print and electronic forms. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I represent that I am at least 18 Years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

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

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

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

Witness for the undersigned: \_\_\_\_\_

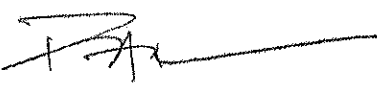
Signature: \_\_\_\_\_

# WASHINGTON STATE PATROL

Identification and Criminal History Section  
PO Box 42633, Olympia WA 98504-2633



## REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT RCW 43.43.830 THROUGH 43.43.845

|   |  |
|---|--|
| <p><b>A REQUESTING AGENCY/ADDRESS</b></p> <p>Bremerton Services Assoc./Meals on Wheels Kitsap</p> <p>Agency<br/>Deborah Horn</p> <p>Attn<br/>2817 Wheaton Way, Suite 208</p> <p>Address<br/>Bremerton, WA 98310</p> <p>City/State/Zip</p> <p>I certify this request is made pursuant to and for the purpose indicated.</p> <p><br/>Authorized Signature _____ Date _____</p> <p>Executive Director ( 360 ) 377-8511<br/>Title Area Code/Phone Number</p> | <p><b>B PURPOSE</b></p> <p>Check appropriate box</p> <p><input type="checkbox"/> Educational School District (ESD)/School District Volunteer – no fee</p> <p><input checked="" type="checkbox"/> Non-Profit Business/Organization – no fee (Excluding Schools &amp; ESD's)</p> <p><input type="checkbox"/> Profit Business/Organization - \$17</p> <p><input type="checkbox"/> Adoptive Parent - \$17</p> <p><input type="checkbox"/> Receive background results electronically</p> <p>Email address _____</p> <p>Password _____ (must be at least 8 characters)</p> <p>Fees: Make payable to Washington State Patrol by check, money order, or business account.</p> <p>Notary letters certifying the results are available upon request. There is an additional \$10.00 processing fee per notary seal.</p> <p>_____ Notarized Letter(s)</p> |
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**C APPLICANT OF INQUIRY** (Please provide as much information as possible; name and date of birth are mandatory.)

Applicant's Name: \_\_\_\_\_  
Last First Middle

Alias/Maiden Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
Month/Day/Year

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with statute.

**D WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION**

As of this date, the applicant named below has no record pursuant to RCW 43.43.830 through 43.43.845.

Bremerton Services Association dba Meals on Wheels Kitsap  
Requesting Agency

Applicant's Signature \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_