



SUNSHINE HOUSE INC.
402 E Holland, Alpine, TX
432-837-5402 79830

Volunteer Information Form

Please complete this form, sign, and return it to Sunshine House, Inc.

All information on this form is confidential

Full Name: _____
Last First Middle (Maiden)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home: _____ Cell: _____ Work: _____

Email address: _____ Birthday: _____

Driver's License # _____ Last 4 digits of Social Security #: _____
(Please provide a copy)

With a group: Yes No If yes which group _____

In Case of Emergency, please contact:

Name: _____ Relation: _____

Phone # _____ Cell #: _____

Please Read and Initial Each Item:

_____ I understand that I must have automobile liability insurance equal to the minimum limits required by Texas on all vehicles I use to deliver meals.

_____ I understand that Sunshine House does not have accident insurance coverage to provide protection from damages because of illness or injury related to my volunteer work for the organization. This includes all activities including delivering meals to client's homes.

_____ I agree to respect the confidential nature of my personal contacts with clients, by not discussing or divulging client's full names, addresses, telephone numbers, age, financial status or other personal information.

Please Read and Initial Each Item: (continued)

_____ I agree to respect the rights and privacy of clients. I will not offer medical advice. I will never solicit clients for personal or business purposes.

_____ I received personal training and I will be responsible for following all instructions.

Back Ground Check Required by State:

A background check will be conducted as part of the Meal on Wheels (MOW) and Sunshine House, Inc. volunteer registration and/or employee hiring process, prior to contact with clients or client information. A criminal history record will be obtained from the Department of Public Safety. The Health and Human Services Commission (HHSC) Employee Misconduct Registry and the Nurse Aide Registry will also be checked.

I understand that any change in the status of my criminal history, Health and Human Services Employee Misconduct Registry or Nurse Aid Registry must be reported to the Sunshine House Volunteer Coordinator.

I understand that Sunshine House reserves the right to reject a potential or active volunteer for any reason that the agency, in its sole judgment, determines will or may affect either the best interest of the individual or of Sunshine House.

I give Sunshine House permission to conduct the background checks as listed above:

Signed _____ Date _____

I certify that this information is true and accurate to the best of my knowledge, and I release and hold harmless Sunshine House, Inc. for any inaccuracy or misrepresentation.

Volunteer Signature

Date

Office Use Only:

_____ DPS Background Check _____ EMR/NAR Report

Pulled by: _____ Date: _____

_____ MOW Volunteer Training Information Form Signed

_____ Confidentiality Policy Signed

_____ Elder Abuse, Neglect & Exploitation Signed

Date Approved as Volunteer: _____

Program Coordinator: _____ Date: _____

Date of First Delivery: _____

Sunshine House

Confidentiality Policy

The clients that Sunshine House serve have the right to privacy and confidentiality, and their personal information should always be protected. Just like professionals, employees and volunteers have a special obligation to maintain the confidentiality of information they might learn from a client and to protect that person's privacy.

Confidentiality may only be broken if:

- A client is in danger or putting someone else in danger
- A client is being abused, neglected, or exploited
- A court of law orders disclosure

We understand that most employees and volunteers will likely discuss their activities with friends, family and coworkers. In these cases, maintaining the client's confidentiality and privacy is as simple as not sharing the person's name or details that would divulge the client's identity. This would include not sharing information or pictures on social media sites such as Facebook, Twitter, etc.

Any employee or volunteer that knowingly and deliberately reveals confidential client information to an unapproved source will be removed from their duties.

Please check the appropriate box.

Employee

Volunteer

I have read, understood, and agree to observe all aspects of the Confidentiality Statement. I have received a copy of the document.

Date

Signature



Employee & Volunteer Training Information

Elder Abuse, Neglect & Exploitation

Recognizing the different types of elder abuse

Abuse of elders takes many different forms, some involving intimidation or threats against the elderly, some involving neglect, and others involving financial trickery. The most common are defined below.

Physical abuse

Physical elder abuse is non-accidental use of force against an elderly person that results in physical pain, injury, or impairment. Such abuse includes not only physical assaults such as hitting or shoving but the inappropriate use of drugs, restraints, or confinement.

Emotional abuse

In emotional or psychological abuse, people speak to or treat elderly persons in ways that cause emotional pain or distress, including:

Verbal forms of emotional elder abuse include:

1. Intimidation through yelling or threats
2. Humiliation and ridicule
3. Habitual blaming or scapegoating
4. Ignoring the elderly person
5. Isolating an elder from friends or activities
6. Terrorizing or menacing the elderly person

Sexual abuse

Sexual elder abuse is contact with an elderly person without the elder's consent. Such contact can involve physical sex acts, but activities such as showing an elderly person pornographic material, forcing the person to watch sex acts, or forcing the elder to undress are also considered sexual elder abuse.

Neglect or abandonment by caregivers

Elder neglect—failure to fulfill a caretaking obligation—constitutes more than half of all reported cases of elder abuse. It can be intentional or unintentional, based on factors such as ignorance or denial that an elderly charge needs as much care as he or she does.

Financial exploitation

This involves unauthorized use of an elderly person's funds or property, either by a caregiver or an outside scam artist.

An unscrupulous caregiver might:

- Misuse an elder's personal checks, credit cards, or accounts
- Steal cash, income checks, or household goods
- Forge the elder's signature
- Engage in identity theft

Typical rackets that target elders include:

- Announcements of a "prize" that the elderly person has won but must pay money to claim
- Phony charities
- Investment fraud

Employee & Volunteer Training Information

Elder Abuse, Neglect & Exploitation

Reporting Abuse, Neglect or Exploitation

You are required by Texas law to report to the proper authorities if you witness or suspect an individual is or has been abused, neglected or exploited.

Adult Protective Services

- By Phone: 1-800-252-5400
- Online: txabusehotline.org/Login/Default.aspx

Call their Abuse Hotline toll-free 24 hours a day, 7 days a week, nationwide, or report with their secure website and get a response within 24 hours.

If the client is in immediate danger call 911, Alpine Police 432-837-3486 or Brewster Co. Sheriff 432-837-3488.

If you have concerns for a client or have reported abuse, neglect or exploitation, please notify Sunshine House immediately so we may take the necessary actions to secure the safety of the alleged victim.

Sincerely,
Elizabeth Kim
Meals on Wheels Program Coordinator
Trainer

SIGNATURE _____

DATE _____

SUNSHINE HOUSE, INC.

MOW VOLUNTEER TRAINING INFORMATION

1. **PROGRAM DELIVERY RULE:** The client must be home to receive their meal. Meals cannot be left outside unless there is a cooler/ice chest. Please return meal to Sunshine House and inform MOW Program Coordinator. We will contact the client and take their meal to them when they are home to receive it.
2. **DELIVERY TIME:** In order to ensure that meals are delivered hot/cold, all routes need to be completed within one hour of the time meals are picked up from the kitchen and meals cannot be picked up from kitchen before 10:30 a.m.
3. **INDIVIDUAL CONFIDENTIALITY:** Volunteers are required to keep all information about our clients confidential.
4. **PRODECURES USED IN HANDLING EMERGENCIES INVOLVING INDIVIDUALS:** Should you encounter an emergency situation that requires immediate attention, please call 911 on behalf of the client and notify Sunshine House as soon as possible.
5. **SANITARY METHODS USED IN DELIVERING MEALS:**
 - A. **Dogs** are *not allowed* to be in vehicle with the meals.
 - B. Meals must remain in coolers until delivered to the client in order for the food to remain sanitary and hot/cold.
 - C. Volunteers must wash their hands prior to delivering meals and after any trip to the restroom or any unsanitary contamination occurs (ex. petting a dog) while on the delivery route.
 - D. For sanitary reasons, **DO NOT OPEN FOOD TRAYS**. If you have questions or concerns regarding meals, please speak with Sunshine House Program Coordinator or Director.
 - E. Please return all coolers and route sheets with notes to Sunshine House after delivery.
 - F. Please do not walk through the kitchen area as only kitchen staff are allowed in the cooking area.
6. **GENERAL KNOWLEDGE AND TECHNIQUES FOR WORKING WITH THE AGED AND INDIVIDUALS WITH DISABILITIES:**
 - A. When at the door or entering a client's home, identify yourself. Some clients may be hard of hearing and/or may not see well.
 - B. Please note changes to the environment or the appearance of the client and report concerns to the MOW Program Coordinator or Director.
 - C. Take time to visit briefly with the client, as you may be the only person they see all day.
 - D. Do not accept gifts or other gratuity from the clients.
 - E. Do not give medical or financial advice to the clients.
 - F. Be willing to help a handicapped individual when asked. For example, if their wheelchair needs to be guided to the dining table.
7. **PERSONAL HYGEINE:** Attention to personal hygiene must be made prior to delivering meals to the clients.

8. GENERAL:

- A. All drivers must have a valid driver's license and must provide a copy to Sunshine House for our records.
- B. On days you cannot deliver, please notify the MOW Program Coordinator in time for us to find a replacement driver or ASAP if it is due to an emergency.
- C. You will be notified in advance of holidays when we will be closed.
- D. You are never asked to face hazardous conditions to deliver a meal, such as a biting dog. If uncomfortable, stay in your vehicle and a staff member will take the meal to the client later.

YOUR HELP WITH MEALS ON WHEELS AND THE

“NO SENIOR GOES HUNGRY”

***PROGRAM IS VERY MUCH APPRECIATED. YOU ENABLE US TO
FEED AND CARE FOR THE SENIORS AND DISABLED IN OUR
COMMUNITY!***

Sincerely,

Elizabeth Kim

Meals on Wheels Program Coordinator

SIGNATURE _____ DATE _____