

# Meals on Wheels Volunteer Application

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

City, State & Zip Code: \_\_\_\_\_

Days available: (please circle)

1<sup>st</sup> Monday of month   2<sup>nd</sup> Monday of month   3<sup>rd</sup> Monday of month   4<sup>th</sup> Monday of month  
\*5<sup>th</sup> Monday of the month\*

1<sup>st</sup> Tuesday of month   2<sup>nd</sup> Tuesday of month   3<sup>rd</sup> Tuesday of month   4<sup>th</sup> Tuesday of month  
\*5<sup>th</sup> Tuesday of the month\*

1<sup>st</sup> Wed. of month   2<sup>nd</sup> Wed. of month   3<sup>rd</sup> Wed. of month   4<sup>th</sup> Wed. of month  
\*5<sup>th</sup> Wed. of the month\*

1<sup>st</sup> Thurs. of month   2<sup>nd</sup> Thurs. of month   3<sup>rd</sup> Thurs. of month   4<sup>th</sup> Thurs. of month  
\*5<sup>th</sup> Thurs. of the month\*

1<sup>st</sup> Friday of month   2<sup>nd</sup> Friday of month   3<sup>rd</sup> Friday of month   4<sup>th</sup> Friday of month  
\*5<sup>th</sup> Friday of the month\*

*\*denotes if there is one in that particular month*

During school breaks: (please note the school break times: ex. Thanksgiving break;  
Christmas break; winter break; Summer 2021 OR give a specific time frame)

Route you prefer: (please circle)

Route #1 (servicing the North end of Grand Island)

Route #2 (servicing the South end of Grand Island)

Route #3 (servicing the Middle of Grand Island)

Have you volunteered with other senior programs before or volunteered with the senior population before? If so, what is your experience?

\_\_\_\_\_

You are the lifeline between our Meals on Wheels recipient and us at the Golden Age Center! Thank you for helping to keep our Meals on Wheels recipient well-fed, happy, nourished, and safe.

Thank you for ALL that you do and thank you for your interest in volunteering with our Meals on Wheels program here in Grand Island.

---

*(Tear here and return the top portion to a Golden Age Center staff member OR mail in to Golden Age Center, attn: Meals on Wheels, 3278 Whitehaven Road, Grand Island, NY 14072.)*

Guidelines to remember: *KEEP THIS PORTION FOR YOUR RECORDS*

- ✓ All inquiries about Meals on Wheels (payments, questions, etc.) are to be made to the Golden Age Center by calling (716) 773-9682.
- ✓ All requests for dietary changes are to be made to the Golden Age Center. Meals on Wheels recipients should NOT be telling you of dietary changes.
- ✓ If the recipient is NOT at home due to a doctor's appointment or other appointment, the recipient should have a note on their door and a cooler outside the door. The Meals on Wheels volunteer will place your meals in the cooler. The note and seeing the cooler will show you, the volunteer, that the recipient is safe.
- ✓ If you deliver a meal to the Meals on Wheels recipient, and you do NOT see a note on the door, and you do NOT see a cooler outside, and the recipient is NOT answering the door, and you have called the recipient and they do NOT answer the phone, please call the Golden Age Center IMMEDIATELY at (716) 773-9682 (or (716) 420-5027 during legal holidays) so that we can call their emergency contact. We will send out the Sheriff to do a Welfare Check on the recipient.
- ✓ At the time when a Meals on Wheels recipient can drive or can ride the Golden Age Center bus, the recipient will be expected to relinquish the home delivery service to one who is frail, elderly, and homebound.
- ✓ Meals at the Golden Age Center are served fresh and hot, daily, at a cost of \$4.00. Please feel free to inquire about our Transportation Service and our monthly menu, for those that are interested, or for those who no longer fit the Meals on Wheels criteria.
- ✓ Please dispose of your Route Guide & Recipient Listing after you are done with it. Please be sure NOT to leave your Route Guide & Recipient Listing with one of your Meals on Wheels recipients. This information you have is PRIVATE and CONFIDENTIAL.
- ✓ Please don't hesitate to call us with any other questions or concerns.