



4912 Lee Street • Greenville • Texas 75401
(903) 454-1444 • FAX (903) 454-4150

VOLUNTEER REGISTRATION FORM

Last Name First Name Middle

Address

TX

Civic Group

Main Phone

Alternate Phone

Email

Employer / Past Employer

Emergency Contact

Main Phone

Alternate Phone

Area of Interest

Days of the week you are available

Have you ever been convicted of a misdemeanor/felony? Yes No If yes, please explain

By signing this form, I am making a commitment to serve as a volunteer for Senior Center Resources and Public Transit, Inc. I understand that all of my information contained on this application will be kept confidential and only used for the purpose of fulfilling volunteer opportunities associated with SCRPT, Inc. I promise to keep confidential all information that comes to me in the fulfillment of my volunteer duties. I understand that SCRPT, Inc. has a commitment to protect vulnerable clients, and that a criminal background check will be done as a part of the application process. I agree that if I drive as part of my volunteer service, I will drive my own vehicle and I will maintain a valid driver's license and all legally required automobile liability insurance as required by the state of Texas. No solicitation of any sort is permitted. This includes but is not limited to, religion, promoting your own business and or services and sales of any type and hold harmless SCRPT, Inc. in the event of any accidents in my vehicle delivering meals.

I have received the volunteer training required by SCRPT, Inc. on the topics listed below and understand the responsibilities as a volunteer meal driver.

- Confidentiality Form
- Clients Rights and Responsibility
- Safety Procedures
- Emergency Procedures
- Chain of Command
- Older Americans Act
- Grievance Procedures
- Procedures for Home Delivered Meals
- Job Description

I understand while working for Senior Center Resources and Public Transit, Inc. in any capacity, I will have access to information and records which are confidential. Senior Center Resources and Public Transit, Inc. management has advised me that I cannot breach neither clients or employees privacy nor am I to discuss agency confidential information with anyone. I further, I understand the disclosure of confidential information subjects me to immediate dismissal. No paperwork or files are to leave the office without prior approval from management.

Volunteer Type: Individual OR

Group - I accept responsibility for the volunteers in our organization, distribution of any training materials and the understanding of the materials by its members.

Volunteer or Responsible Representative Date

ACKNOWLEDGMENT AND AUTHORIZATION FOR CONSUMER REPORT

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by **SENIOR CENTER RESOURCES AND PUBLIC TRANSIT-TX** at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Occuscreen, LLC, 805 Broadway Street, Suite 215, Vancouver, WA 98660, (888) 833-5304, www.occuscreen.com**, and/or Employer itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original. I authorize both the employer and Logisticare Solutions, LLC to have access to the above referenced information.

SUMMARY OF STATE RIGHTS

*Please note: You may also have the rights listed below under the FCRA.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law (upon request).

Washington State applicants only: I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Suite 2000, Seattle, WA 98104-3188. 206-464-7744p.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy to be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature

Date

(if under 18) Guardian Signature

Employer: LCI-SENIOR CENTER RESOURCES AND
PUBLIC TRANSIT-TX

Phone: 903-454-1444

Requested By:

SERVICES REQUESTED (Check all that apply)

- Initial Screening Package Initial Screening Package (No MVR) MVR Only
 Renewal Screening Package Renewal Screening Package (No MVR)

In order to process your background check, please provide the following information. Include your exact legal name and any other name(s) you may have used in the last seven (7) years.

PRINT CLEARLY IN INK OR TYPE IN ALL INFORMATION. MAKE SURE DISCLOSURE IS SIGNED ABOVE.

| | | | | |
|---|--------|-----------------|-------------|-------------------|
| First Name: | | Middle Initial: | | |
| Last Name: | | | | |
| Social Security Number: | | | Birth Date: | |
| Current Address: | | | | |
| City: | | State: | Zip: | |
| Driver's License #: | | | State: | |
| Other Names Used (previous 7 years only): | | | | |
| 1. | | 2. | | |
| 3. | | 4. | | |
| Please provide City and County information for your residence covering a period of seven (7) years, beginning with your most current address. | | | | |
| City | County | State | Zip | From ____ To ____ |
| | | | | From ____ To ____ |
| | | | | From ____ To ____ |
| | | | | From ____ To ____ |
| | | | | From ____ To ____ |

*This information will be used for background screening purposes only and will not be used as hiring criteria.

Volunteer Job Description Home - Delivered Meal Driver

Objective:

Deliver home delivered meals into services area (Hunt County)

Functions:

- Load and deliver home-delivered meals to client on pre-determined route and report any abnormalities noticed, to site aid at your locate center or contact the main office at 903-454-1444.
- Do daily paper work and turn into office. (Check off home- delivered meal route sheet as you deliver meal).
- Complete and turn in monthly volunteer time sheet.

Pre-requisites:

- Valid Driver's License
- Must have physical ability to jump in and out of vehicle

DRIVER PROCEDURES HOME DELIVERED MEAL PROGRAM

- Pick up your Home Delivered Meal Route Sheet.
- Check your pack out. Make sure you have the amount of food needed to match your route sheet.
- Identify yourself, "I am _____ a volunteer with the Senior Center Resources and Public Transit
- Verify whom you are talking to, know the client's name.
- Record your mileage, under home delivered meals, before leaving the building. After route is completed record you're ending mileage. (If using agency vehicle or being reimbursed for mileage).
- Deliver only to the Client's name on your list, and initial each client name you deliver too. If the Client is not there, draw a line through their name and do not initial. Never leave a meal unless you see the Client for yourself. Report it when you return to the office to a caseworker or front desk.
- If a driver cannot get a Client to the door, or if the door is locked, contact the Central Office. The Client's phone number is first called. If there is no answer, the emergency contact number is called. If Volunteer finds a client has fallen, or is in need of medical attention, Central Dispatch shall be called immediately. 911 will be called or emergency contact number, depending on the seriousness of the situation. If it is not a serious nature, the Caseworker will go to access the situation. Never touch or move a client if they are down. Report any changes or anything strange about the Client that is not normal to the Caseworker of the Front Desk.
- Never demand a Client to pay. If donations are collected, please turn it in with the Route sheet daily. Keep all donations in a locked meal box or an envelope.
- Please remember that cold foods have to remain cold and the hot foods have to remain hot throughout the entire process of the meals delivery. PLEASE DO NOT MIX THE HOT FOODS WITH THE COLD FOODS.

GRIEVANCE POLICY FOR USERS OF SERVICE(S)

1. The aggrieved person shall request a conference with an appropriate representative of S.C.R.P.T., Inc. who can immediately deal with the problem. Efforts shall be made to resolve the problem. If these efforts prove unsuccessful, then the second step shall be taken.
2. The aggrieved person shall present his or her grievance to Executive Director - S.C.R.P.T., Inc. Efforts shall be made to resolve the problem. If these shall prove unsuccessful, then a third step shall be taken.
3. The aggrieved person shall present his or her specific grievance or grievances in a letter to the Chairperson of the S.C.R.P.T., Inc. Board of Directors. If the aggrieved person needs help in preparing the letter, he or she may request assistance from a member of the S.C.R.P.T., Inc., staff. The Chairperson shall then convene a committee to be composed of three people. One member, who shall serve as chairperson, shall be chosen by the Chairperson of the S.C.R.P.T., Inc. Board of Directors from among its membership. A second member shall be a senior center participant or user of S.C.R.P.T, Inc. services shall be chosen by the aggrieved person. A third member shall be Senior Center participant or user of S.C.R.P.T., Inc. services and shall be chosen by the Executive Director of S.C.R.P.T., Inc., The committee shall then meet with aggrieved person. The hearing is to be limited to the specific grievance presented in this letter. Following deliberation, the committee shall present a written recommendation to the chairperson for disposition by the S.C.R.P.T., Inc. Board of Directors.
4. Texas Department of Human Services (TDHS) participants with a grievance will be resolved within five (5) working days and Texas Department of Human Service office will be notify of the grievance within thirty (30) Working days. (This applies to Department of Human Services Participants Only) Anyone with a Grievance can contact the S.C.R.P.T. Central Office at 903-454-1444 or Department of Human Services Clients Call1-877-236-6500

The Older American Act

In the past millions senior citizens have benefitted from services provided by a federal law called the OLDER AMERICANS ACT. The purpose of this Act is to serve elderly in the greatest social and economic need, giving particular attention to low-income minority individuals and providing services and programs that assist them in maintaining their independence as well as their dignity. In fact, many of the elderly that the Act serves are able to avoid institutionalization because of the services provided. The Older American Act is divided by titles. Title III -GRANTS FOR STATE AND COMMUNITY PROGRAMS ON AGING. Provides grants to state and area agencies on aging to develop supportive and nutrition services, to act as advocates on behalf of programs for older persons, and to coordinate programs for the elderly. Funds are distributed on the basis of each state's population aged 60 or over as compared to other states. Title III is intended to form a "network on aging" linking AOA, state, and area agencies on aging, other public and private agencies, and social and nutritional services providers.

Title III B - Provide Supportive Services -Includes a variety of services.

Title III C - NUTRITIONAL SERVICES -A central focal point of the . Older American Act for the past been the nutrition program.

Safety Rules

You are working for a sincere organization with the desire to conduct all operations in the safest manner possible. Compliance with the Safety Rules listed below will assist us in achieving this objective. These rules are minimum guides for working safely. Your continued awareness and cooperation in loss control is a vital part of your job. It is your duty to apply these and all accepted standards of loss control.

If you are involved in an accident that results in personal injury or property damage no matter how small report it to your supervisor immediately. First Aid is to be obtained immediately.

Immediately report any condition or practice you think may cause injury or damage to equipment.

Do not operate any equipment which in your opinion is not in a safe condition.

All prescribed safety and personal protective equipment should be used when required.

Obey all company rules, governmental regulations, signs, marking and instructions. Be particularly familiar with those that apply directly to you. If you don't know ask!

When lifting use the approved lifting techniques; BEND YOUR KNEES, GRASP THE LOAD FIRMLY THEN, RAISE THE LOAD KEEPING YOUR BACK AS STRAIGHT AS POSSIBLE. Get help for heavy loads.

Don't horseplay; avoid distracting others; be courteous.

Always use the right tools and equipment for the job. Use them safely and only when authorized.

Good housekeeping should always be practiced. Return all tools, equipment and materials etc. to their proper place. Disorder wastes time and energy. It can result in injury.

The use of Drugs and or intoxicating beverages is illegal.



Area Agency on Aging of North Central Texas
Client Rights & Responsibilities and Release of Information
for Older Americans Act Programs

The Area Agency on Aging of North Central Texas welcomes you to our programs, made available to you through the Older Americans Act of 1965. These programs and a variety of services are administered by the Area Agency on Aging with funding provided through the Texas Department of Aging and Disability Services, client contributions and local funding.

Programs and services are designed for people who age 60 or older, their family members, and other caregivers. Our goal is to help older people lead independent, meaningful and dignified lives in their own homes and communities as long as possible. Our program supports that goal by providing limited support services and by assisting you in finding answers when you want help. Your information will not be released to anyone, or any agency without your informed consent, with the exception of records subpoenaed by a court of law.

Release of Information:

Information we gather through an intake or through an assessment may be shared to plan, arrange and deliver services to meet your individual client needs. The information collected is required by your local service provider, the Area Agency on Aging (AAA), and the Texas Department of Aging and Disability Services. All of your information will be kept confidential and guarded against unofficial use.

Client rights and responsibilities:

1. You have the right to be treated with respect and consideration. You have the right to have your property treated with respect.
2. You may not be denied services on the basis of race, religion, color, national origin, sex, disability, marital status, or inability and/or unwillingness to contribute.
3. You have the right to make a complaint/grievance or recommend changes to policy or service, without restraint, interference, coercion, discrimination or reprisal. To make a complaint or grievance contact the Area Agency on Aging. Contact information is identified below:

| Service Provider Information | Area Agency on Aging Information |
|------------------------------|----------------------------------|
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4. You have the right to participate in the development of a care plan to address unmet needs (If Applicable).
5. You have the right to be informed in writing of available services and the applicable charges if the services are not covered or are unavailable by Medicare, Medicaid, health insurance, or Older Americans Act funding (If Applicable).
6. You have the right to make an independent choice of service providers from the list furnished by the Area Agency on Aging where multiple service providers are available, and change service providers when desired (If Applicable).
7. You have the right to be informed of any change in service(s).
8. You have the right to make a voluntary, confidential, contribution for services received through the Area Agency on Aging. Services will not be denied if you are unable or choose not to make a contribution. All contributions are confidential and are used only to expand or enhance the service(s) for which a contribution was provided.
9. You have the responsibility to inform the Area Agency on Aging or its service provider(s) of your intent to withdraw from the program or any known periods of absenteeism when you will not be using services.
10. You have the responsibility to provide the Area Agency on Aging or its services provider(s) with complete and accurate information.

I hold harmless this Area Agency on Aging program, its parent organization, funders, and the sponsoring state agencies for any liability arising out of the services provided in accordance with program guidelines.

Print Client Name

Date

Client Signature

Meals on Wheels of Senior Center Resources and Public Transit
Meals on Wheels Program
EMERGENCY PROCEDURES FOR VOLUNTEERS DELIVERING MEALS

Meals on Wheels Programs provide services to Senior Citizens who have been assessed to have a need. Most participants who receive a daily home delivered meal are ill , or disable to the extent they are not able to prepare their own noon meal. Most participants experience mobility impairment that makes it difficult to quickly answer the door so Volunteers are requested to follow this simple procedure:

Knock loudly or ring the doorbell;

Open the door and announce yourself as "Meals on Wheels", and;

Bring the Lunch inside.

If the client keeps their door locked, and you have to wait for them to respond, wait an appropriate amount of time.

If you find the person not at home, please call 903-454-1444 to report the situation, as soon as possible. Leave a note on the door saying Meals on Wheels were here at this time .

Please, never leave a lunch unattended; if the client is not there to receive it, do not leave it.

If there is no response but you think they are home then something may be wrong, the following procedure needs to go into effect:

1.) If you feel there is a life threatening emergency situation, please call 9-1-1- then.

2.) Call SCRPT @ 903-454-1444 and report the situation so the emergency contact may be contacted immediately.

DO NOT attempt to help the client up or pick them up if they have fallen

A few extra minutes may mean the difference in a life or death situation. Always do what you feel is the right thing to do and call the office as soon as possible in all situations out of the ordinary.

Volunteers are the cornerstones of the Meals on Wheels Program

Thank you for Volunteering!