

B L O O M I N G T O N



**MEALS ON WHEELS**

**PO Box 1149**

**727 West First St**

**Bloomington, IN 47402**

**812-353-2248**

**[www.bloomingtonmealsonwheels.org](http://www.bloomingtonmealsonwheels.org)**

**NAME**

(Please print)

**I. AGREEMENT to MAINTAIN CONFIDENTIALITY and REPORT**

As a Meals on Wheels Volunteer I understand that I am required to maintain the confidentiality of clients' personal health information and the conduct of their personal lives. As a Volunteer I promise not to disclose, reveal or otherwise divulge any such confidential information to any person, company, firm or entity during the term of this Agreement or following its termination. I also understand that I need to report to my supervisor any client situations that are potentially life threatening or indicative of adult abuse. I will also notify my supervisor of any client requests and/or concerns regarding food products, preparation, and/or delivery.

**II. AGREEMENT to HOLD HARMLESS**

I agree to assume full responsibility for myself and the use of my automobile in the course of making deliveries on behalf of the program and further agree to hold Bloomington Meals on Wheels, Inc. and IU Health Bloomington Hospital and Healthcare System and Meadowood Retirement Community harmless and without liability in any claim or cause of action arising out of my service as a volunteer for Bloomington Meals on Wheels, Inc.

I agree to carry public liability and property damage insurance on my automobile in an amount that is sufficient to satisfy any reasonable foreseeable claim which may arise out of my duties and responsibilities as a volunteer for Bloomington Meals on Wheels. I further represent and warrant that I have a valid driver's license and that I have no knowledge of any facts, conditions, or circumstances that would impair or preclude me from safely operating a motor vehicle, from safely walking with food trays & sacks in my hands, or from climbing steps with food trays/sacks in my hands.

**III. AGREEMENT to COMPLY with FOOD SAFETY and SANITATION GUIDELINES**

I agree to keep the cold foods in the cold container and the hot foods in the heated container until I have safely delivered the packaged food into the client's home. I also agree to wash my hands with hot soapy water or hand sanitizer before opening the containers for any client needing my assistance.

**I HAVE READ AND UNDERSTAND ALL OF THE ABOVE**

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

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