

**THANK YOU**

*Thank you  
very much!!!*

*Your  
volunteer  
work is  
of vital  
importance  
to the people  
who need  
this meal!*

**Northeast Colorado  
Area Agency on Aging**

231 Main Street, Suite 211  
Fort Morgan, CO 80701

Phone: 970-867-9409 ext. 231  
Fax: 970-867-9053  
Email: [sjones@necalg.com](mailto:sjones@necalg.com)



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Local Governments



**Fort Morgan**

**Home**

**Delivery**

**Procedure**



## Procedure

**Carrier:** You are a vital link from the meal site to the client and from the client to the meal site. This may be the only Wellness Check and social contact the client has. Your assistance with delivering meals is appreciated.

1. Be at the Fort Morgan Senior Center, 110 Sherman Street, by about 11:30 a.m. on your day to deliver. If you cannot be there for some reason, please find someone else to take your place or call Pat at 542-0757 or at 542-3926 between 10:00 a.m. and 1:00 p.m.
2. Stop at the desk when you come in and sign the in-kind sheet and pick up your envelope of information. The envelope contains cards with the client's name, address, and phone number plus an emergency contact name and phone number. Some cards will have more than one person listed on them.
3. Pick up your cold and hot delivery bags at the desk. Plug your hot bag into your vehicle accessory outlet. Do not crush bags.
4. With your two bags, start your home delivery route. If you require a map, request it from the desk attendant.
5. When you arrive at the address of the client, knock on the door or ring the doorbell. Knock loud as many of the clients are hearing impaired. Wait a second and then open the door and call the person's name. Then enter the house and put the meal where the client indicates they would like the meal placed. If it is a new client please verify that you are delivering to the correct person.
6. **Do not accept cash or meal tickets from the client unless it is the \$7.50 that under 60 guests must pay. Take that cash back to the center.**
7. If the client wishes to cancel the next day's meal, Inform the individual to phone 867-8831 or 542-0757
8. If the person appears sick or out of character, notify the desk attendant.
9. If the person is not at home and the door is unlocked, and there is no note about where the person is, call the person's name. See if she/he is okay. Notify the desk attendant if the person wasn't home. **Do not leave the meal if the client is not home, even if there is a note asking you to leave it.** Let the desk attendant know that the meal was not delivered.
10. If the person is not home and the door is locked, do not leave the meal. Put a hanger notice on the door knob letting the person know they must call 542-0757 or 867-8831 to receive any more meals. Let the attendant at the desk know that the meal was not delivered. You can also call 867-9409 extension 231 and let Sherry know that the person was not available. If there is no answer at Sherry's extension, call 867-9409 and dial extension 0 The emergency contact person can also be contacted. We will begin to look for the person to see if they are okay.
11. If you go into the home and the person is very ill or has fallen or obviously needs immediate help, call 911 from the person's phone or your cell phone. **DO NOT PICK THE PERSON UP.** After help has arrived, finish delivering the meals.
12. If you are not able to deliver a meal, take the entire meal back to the kitchen. Notify kitchen staff when a home delivered meal has been returned. **DO NOT LEAVE UNDELIVERED MEALS IN THE BAGS. TAKE THEM OUT AND LEAVE IN THE KITCHEN.** The undelivered meal must be returned to the kitchen so that the person who did not receive it does not get charged for the meal. Place hot bag cord in pocket of bag. **Please zip the cold bag shut when you bring them back.**
13. Return the envelope to the desk attendant at the end of the delivery. If the desk attendant is not at the center, put the envelope in the slit in the side of the metal cabinet that is on the right hand side as you walk into the kitchen.

**Thank you for your continued service and dedication to the folks we are privileged to serve.**



**NORTHEASTERN COLORADO AREA AGENCY ON AGING**

231 MAIN Street, Suite 211  
Ft. Morgan, CO 80701  
Phone: 970-867-9409  
Fax: 970-867-9053

Director: Sandra K. Baker  
Phone: 970-867-9409 x 234  
E-Mail: sbaker@necalg.com

Dear Home Delivery Driver Volunteer,

Thank you so much for joining the Area Agency on Aging in providing a much needed service for many who cannot provide a meal for themselves.

We are required by the State of Colorado to do a background check on each person delivering meals for us. We ask your help in filling out the attached forms. We have enclosed a self-addressed-stamped-envelope for your use after you have filled out the form.

When we receive the completed form, we **will** do a background check. If the background check is okay, we will make a copy of the 1<sup>st</sup> page of the form. We will then delete the SSN. We will then make two copies of the page with the deleted SSN. One copy will be sent to the site, the other copy will be kept in the Nutrition office in Fort Morgan. The original is then locked in a file cabinet that contains all of the Area Agency on Aging's personnel files. We strive to do all we can to protect your privacy.

If the background check is **not** okay, we will give you a call a see if we can clear up the background check. The person in charge of the drivers at each site will also be notified that you can **not** deliver for us. **We will not tell them why you cannot deliver for us and we will not send them a copy of your application if you are denied.**

There are 3 pages to this form. Listed are important things you need to fill out on each page:

Page 1

1. We **MUST** have your birthday.
2. We **MUST** have your **entire** Social Security Number.
3. Please sign & date on the line for Volunteer Signature & Date.

Page 2 (back side of Page1)

1. Please write your name on the first blank line.
2. Please sign & date on the line for Volunteer Signature & Date.

Page 3

1. Please write your name on the first blank line.
2. Please check each criminal offense you have **NOT** committed.
3. Please sign & date on the signature line and date.

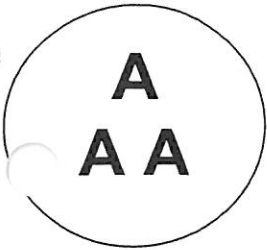
We have also included a pamphlet on the Home Delivery Procedure for the meal site you are delivering from.

Thank you once again,  
*Sherry Jones*  
Sherry Jones, DTR  
Nutrition Coordinator



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**NORTHEASTERN COLORADO AREA AGENCY ON AGING  
HOME DELIVERED DRIVER VOLUNTEER REGISTRATION**

*We cannot thank you enough for giving your time to us!!!*

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

(Please Print)

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/Year) SSN (Required): \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

.....  
DAY(s) PREFERRED: (Check all that apply)

\_\_\_\_ Once per week      \_\_\_\_ More than once a week      \_\_\_\_ As a substitute

ON:

\_\_\_\_ Monday    \_\_\_\_ Tuesday    \_\_\_\_ Wednesday    \_\_\_\_ Thursday    \_\_\_\_ Friday    \_\_\_\_ Any Day

- \* I have a car available      \_\_\_\_ YES      \_\_\_\_ NO
- \* Do you have a valid driver's license?      \_\_\_\_ YES      \_\_\_\_ NO  
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_  
I have auto insurance with \_\_\_\_\_
- \* Do you have any health limitations?      \_\_\_\_ YES      \_\_\_\_ NO  
Please list and describe: \_\_\_\_\_
- \* Do you have a criminal record?      \_\_\_\_ YES      \_\_\_\_ NO  
Please list year and offense: \_\_\_\_\_
- \* Please list states & counties you have lived in the last two years: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US: (check all that apply)

\_\_\_\_ Newspaper    \_\_\_\_ Volunteer/Friend    \_\_\_\_ Radio    \_\_\_\_ Speaker  
\_\_\_\_ Church (Name) \_\_\_\_\_ Other (please list) \_\_\_\_\_

.....  
I understand that the Area Agency on Aging will be doing a Background check according to the State of Colorado requirements.

.....  
Area Agency on Aging recipients come from diverse backgrounds. As a volunteer, you agree to serve any recipient assigned on a route regardless of race, creed, origin, or health.

I have read and understand my job responsibilities and agree to them by signing below.

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

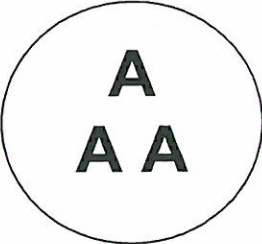
\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator Signature

Please list your volunteer experiences here: (Organization, position and year(s) worked):

\_\_\_\_\_

\_\_\_\_\_



**NORTHEASTERN COLORADO AREA AGENCY ON AGING**

**VOLUNTEER DISCLAIMER**

I, \_\_\_\_\_ acknowledge that I have read my job responsibilities and fully understand that I will be acting solely as a volunteer for the Area Agency on Aging. As an Area Agency on Aging volunteer, I will not receive any monetary compensation, nor will I represent myself as an employee of the Area Agency on Aging.

I understand and agree that should I be injured, become ill, or otherwise require any form of medical treatment in the course of acting as a Area Agency on Aging volunteer, that I waive any claim against the Area Agency on Aging attributable to such circumstances.

I also understand that the Area Agency on Aging provides meals for homebound persons and that during the course of my volunteer duties, I may learn certain information about the recipient. I understand that this information is strictly confidential and I will not disclose it to any person or entity.

I also understand that all information on this form, pertaining to me, will be kept confidential and used only for Area Agency on Aging purposes.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Area Agency on Aging Representative Signature

\_\_\_\_\_  
Date

**BACKGROUND CHECK POLICY (ASU Memo 05-15):**

Item G. For employees, volunteers, or contractors providing services, excluding Long-Term Care Ombudsman Services, prior to July 1, 2005, a signed statement by the employee, volunteer, or contractor shall be obtained by the provider agency indicating that the individual has not been convicted of any of the offenses indicated in C.R.S. 27-1-110 (7)(b) and (c).

**STATEMENT OF COMPLIANCE**

I \_\_\_\_\_ attest that I have not been convicted of any of the following offenses:  
*please check if you have NOT been convicted of committing a criminal offense*

- A crime of violence
- Any felony offense involving unlawful sexual behavior
- Third degree assault
- Any misdemeanor offense of domestic violence
- Violation of a protection order
- Any misdemeanor offense of child abuse
- Any misdemeanor offense of sexual assault
- Any offense of financial exploitation
- Any alcohol related offenses in the past three (3) years
- Two (2) or more convictions or chargeable alcohol related accidents in the past two (2) years
- Two (2) or more drug related convictions or chargeable incidents

If an individual has a conviction on any of the above offenses, the provider will follow-up with the jurisdiction in which the offense occurred per Item C of the Background Check Policy (ASU Memo 05-15).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

