



## VOLUNTEER ONBOARDING FORMS

### Volunteer Agreement

This Volunteer Agreement (“Agreement” is made and entered into between [REDACTED] (“Volunteer”) and Community SeniorServ, Inc., DBA Meals on Wheels Orange County, in consideration for Meals on Wheels OC providing Volunteer the opportunity to serve the community through Meals on Wheels OC’s organization. This Agreement is effective as of [REDACTED] and supersedes any prior agreements or discussions between Volunteer and Meals on Wheels OC. Volunteer and Meals on Wheels OC are referred to collectively as the “Parties.”

1. **Acknowledgement of Volunteer Status.** By signing this Agreement, Volunteer acknowledges and agrees that Volunteer has chosen to volunteer his or her time and energy to serving the community for public service, religious, or humanitarian objectives. Volunteer further acknowledges and agrees Volunteer’s time and participation as provided pursuant to this Agreement are being provided by Volunteer without contemplation of payment or compensation of any kind by Meals on Wheels OC. Volunteer affirms and agrees that he or she is not an employee of Meals on Wheels OC, and that Volunteer will not claim to be a Meals on Wheels OC employee of Meals on Wheels OC at any time in the future unless the Parties agree in writing otherwise.

2. **Termination of Volunteer Relationship.** Volunteer understands and agrees that Volunteer’s participation in Meals on Wheels OC’s programs is “at-will” in nature. Thus, either Volunteer or Meals on Wheels OC maintains the right to discontinue Volunteer’s status as a Meals on Wheels OC volunteer at any time, with or without advance notice or cause.

3. **Confidentiality.** To the fullest extent permissible under the law, Volunteer agrees to keep confidential any and all information regarding Meals on Wheels OC program participants and clients. This includes, but is not limited to, the name and contact information (including address and phone number) of Meals on Wheels OC participants; information relating to Meals on Wheels OC’s financial or donation activity; medical information relating to Meals on Wheels OC participants and family members; and/or any other information that is in any way identifiable to Meals on Wheels OC program participants.

4. **Abuse Reporting Obligations.** As a condition of volunteering for Meals on Wheels OC, Volunteer agrees to immediately report any reasonable suspicions of elder abuse of Meals on Wheels OC clients directly to the Site Volunteer Coordinator. Types of abuse that Volunteer agrees to report include, but are not limited to, physical abuse, sexual abuse, neglect by others, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm, pain, or mental suffering. In addition, self-neglect (e.g., health and safety issues; malnutrition; dehydration) must also be reported.

5. **Assumption of Risk, Indemnity, and Hold Harmless.** To the fullest extent permissible under the law, Volunteer hereby agrees to assume all responsibility for any and all risk of bodily injury or damage to Volunteer’s property that Volunteer may sustain while participating in volunteer activities associated with Meals on Wheels OC, including Volunteer’s use of Meals on Wheels OC’s equipment and facilities. Volunteer further agrees to indemnify and hold harmless Meals on Wheels OC and its Board of Directors, officers, employees, agents, vendors, and any affiliated entities from any and all liability, loss, or expenses incurred by Volunteer, and from any claims or litigation arising from Volunteer’s participation in Meals on Wheels OC’s Volunteer Program.



6. **Agreement to Arbitrate Claims.** As a condition of Volunteer’s participation in Meals on Wheels OC’s programs, Volunteer and Meals on Wheels OC each agree that final and binding arbitration shall be the sole and exclusive remedy for all Claims between the Parties. The term “Claims” shall mean all past, present, and future claims, disputes, and controversies of any nature in any way arising out of, relating to, or associated with this Agreement or Volunteer’s participation in Meals on Wheels OC’s programs, whether such claim is asserted by Volunteer against Meals on Wheels OC or by Meals on Wheels OC against Volunteer, except as otherwise required by law. All affiliated entities, predecessors, successors, owners, shareholders, directors, members, officers, employees, and agents of Meals on Wheels OC are intended to be express beneficiaries of this agreement to arbitrate Claims. Any Claim shall be resolved by final and binding arbitration conducted before a single arbitrator in Orange County, California. The arbitrator shall prepare a written decision containing the essential findings and conclusions on which the award is based. The arbitrator shall apply the same substantive law, with the same statutes of limitations and same substantive remedies that would apply if the claims were brought in a court of law. **Volunteer and Meals on Wheels OC each expressly waive their right to a jury trial in court.** In addition, Volunteer and Meals on Wheels OC agree that all Claims must be arbitrated in an individual capacity, and not as a plaintiff or class member in any purported class, collective, or representative action or proceeding. The arbitrator shall have no authority or jurisdiction (i) to sever, disregard, or refuse to apply this waiver of class, collective, or representative action, or (ii) to conduct an arbitration, enter an award, or otherwise provide relief to any party, on a class, collective, or representative basis.

7. **Full Understanding and Voluntary Agreement.** Volunteer acknowledges that he or she understands all the terms of this Agreement. Volunteer represents and agrees that Volunteer is executing this Agreement voluntarily and free of coercion, duress, or undue influence, with full knowledge of its significance.

**BY SIGNING BELOW, VOLUNTEER ACKNOWLEDGES THAT VOLUNTEER HAS READ, UNDERSTOOD, AND VOLUNTARILY AGREES TO THE ABOVE.**

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

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

Volunteer Name (printed): \_\_\_\_\_

*If volunteer is a Minor (under age 18), please provide parent or guardian name and signature below.*

Parent/Guardian Signature: \_\_\_\_\_

Parent Guardian Name (printed): \_\_\_\_\_



## Volunteer Program Code of Conduct

This Code of Conduct is intended to assist the volunteers of Community SeniorServ, Inc., DBA Meals on Wheels Orange County, in avoiding situations that could compromise the integrity, independence, and reputation of Meals on Wheels OC and its decision-making processes or public confidence. It is presumed that this Code of Conduct will be in addition to good judgment since it cannot contemplate all possible situations of actual or potential conflict of interest. All situations in which personal interests conflict or appear to conflict with Meals on Wheels OC should be avoided. (The appearance of a conflict can be just as detrimental to the reputation of our organization as a definite conflict.)

All Meals on Wheels OC volunteers must adhere to the following:

1. Volunteers may only use the name, logo, endorsement, services, or property of Meals on Wheels OC when authorized. When authorized, volunteers will only use the aforementioned to advance the mission of the organization, in conformance with policy.
2. Any volunteer seeking financial or other resources in the name of the Meals on Wheels OC, must do so with our full knowledge and in compliance of Meals on Wheels OC's policy and guidelines for fundraising.
3. A volunteer may not accept personal gifts or gratuities from a client in exchange for volunteer service.
4. Volunteer association with Meals on Wheels OC during public events and otherwise, may only be used with the sole intention of advancing the mission of the organization. A volunteer may not utilize Meals on Wheels OC affiliation in connection with the promotion of partisan politics, religious matters, business or financial gain, or positions on any issue in conflict with the policies and ethics of Meals on Wheels OC.
5. Volunteers must maintain the confidentiality and privacy standards of Meals on Wheels OC. A volunteer may not disclose or use confidential or proprietary information of Meals on Wheels OC or its clients, without consent of Meals on Wheels OC.
6. Volunteers may not use information regarding or acquired as a result of Meals on Wheels OC relationships with corporations, or government agencies, or their employees or other sources to buy, sell, or otherwise make transactions of stock, securities or other assets of corporations, their subsidiaries, or competitors or otherwise act for personal benefit or gain themselves or their relatives, friends or business associates.
7. If driving for Meals on Wheels OC, volunteers must have a current Driver's License, current auto insurance, and abide by all California Driving Law/Regulations.

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

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

Volunteer Name (printed): \_\_\_\_\_

*If volunteer is a Minor (under age 18), please provide parent or guardian name and signature below.*

Parent/Guardian Signature: \_\_\_\_\_

Parent Guardian Name (printed): \_\_\_\_\_



## COVID-19 & General Safety Protocols for Volunteers

When you sign up for Community SeniorServ, Inc., DBA Meals on Wheels OC (hereafter Meals on Wheels Orange County) as a volunteer, you agree to the following safety protocols:

- All volunteers must wear a [face mask or covering](#) while performing any assigned volunteer tasks.
- Volunteers should have contactless deliveries to homes and/or for food distributions at sites, whenever possible. Volunteers will review the specific protocols for the specified meal program, when they meet with their Site Coordinator for each shift.
- Use social distancing tactics to remain 6 feet apart from participants, staff, and other volunteers.
- Wash hands with soap for 20-30 seconds (or if not available, use hand sanitizer) frequently, including before and after handling food (especially raw food) and after contacting shared surfaces and objects.
- If handling any food or packaged food, disposable gloves should be worn, changed frequently, and disposed of properly.
- Avoid tampering with, or opening, any food packages.
- Refrain from touching your face as much as possible.
- If you sneeze or cough, do so into your elbow or a tissue.
- Avoid sharing personal items with other volunteers or employees.

Volunteers should not come in to their scheduled shift and should immediately notify their supervisor and the Volunteer Services Department if you:

- Start to [exhibit symptoms](#) of COVID-19
- Have been asked to quarantine due to exposure to COVID-19
- Test positive for COVID-19

Please contact your site supervisor and Janelle Valencia, the Manager of Volunteer Services, at [JValencia@MealsOnWheelsOC.org](mailto:JValencia@MealsOnWheelsOC.org), so that we can assist with covering your volunteer shift and provide further direction.

***Thank you for your heart to serve and for being a respectful member of the Meals on Wheels OC community!***

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

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

Volunteer Name (printed): \_\_\_\_\_

*If volunteer is a Minor (under age 18), please provide parent or guardian name and signature below.*

Parent/Guardian Signature: \_\_\_\_\_

Parent Guardian Name (printed): \_\_\_\_\_



## Emergency Contact Info and Response to Injury/Medical Issue

All volunteers are required to provide emergency telephone numbers of individuals to be contacted in case of an accident, injury, or medical issue. If you are injured or experience a medical issue while volunteering for Community SeniorServ, Inc., DBA Meals on Wheels OC, the following guidelines will be followed by our staff:

If you have lost consciousness, or appear to be in crisis, 911 will be called. If you are conscious and decline a 911 call, but your accident/injury/medical issue deems you unable to drive home safely, a MOWOC staff member will contact the “emergency contacts” listed below. If these persons are unavailable, we will ask you for an alternate. Please remember to sign out before leaving the facility.

### Emergency Contact Info (please provide at least one):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

If you are conscious and decline a 911 call, but your accident/ injury/medical issue deems you unable to drive home safely and you choose for another volunteer to drive you home, both you AND the other volunteer must sign “OUT” on the Sign In/Out sheet, prior to leaving the facility. I have read, understand and agree to the guidelines written above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Name (printed)

\_\_\_\_\_  
Volunteer Name (signature)