



Volunteer Information

Training Date: _____

Volunteer Name (s): _____

Address: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Best way(s) to contact – Circle those that apply: Cell Text Home Work Email

Emergency Contact: _____

Relation to Volunteer: _____

Phone: Cell _____ Home _____ Work _____

Can we contact you to sub should routes become available? YES NO



Please initial:

_____ I have received HIPAA training materials.

_____ **Confidentially:** I understand that all information pertaining to clients of Nutrition & Services for Seniors (NSS) is to be held in strict confidence. All data gathered is to be protected at all times and is for MEAL DELIVERY SERVICES ONLY.

_____ **Documents:** I have provided a copy of my Driver's License and auto insurance.

_____ **Media Release:** I give permission to NSS to utilize my photo and/or story for any and all social media, television and/or publications relating to my volunteer work with NSS to promote the organization.

Volunteer Printed Name

Volunteer Signature

Date



Abuse, Neglect and Exploitation Policy Acknowledgement

All volunteers of Nutrition & Services for Seniors are required to comply with all aspects of this policy and follow through with confidential reporting of suspected incidents involving NSS clients to the **Volunteer Team**.

1. I have been given the **ABUSE, NEGLECT AND EXPLOITATION** policy and will read and fully comply with all conditions stated in the policy.

Volunteer signature

Date

NSS Representative

Date