



### **Corporate Takeover Paperwork**

Due to privacy and HIPPA compliance regulations, MOWCC requires background checks of all participants acting as volunteers associated with the group activity.

- ❖ Meals on Wheels Collin County will waive the mandatory background check if a corporate partner submits a verification letter on their company letterhead and signed by their human resources director in conjunction with a list of all participants prior to their day of service.

Pages two (2) and three (3) of following paperwork must be completed by **each** individual attending a MOWCC Corporate Takeover event and returned via email to [elezovics@mowcc.com](mailto:elezovics@mowcc.com) prior to the takeover date.



**MEALS ON WHEELS**  
COLLIN COUNTY

**Group Volunteer(s) Acknowledgment and Receipt Form**

It is to acknowledge that your organization has received all of the Meals on Wheels Collin County volunteer documents as listed below.

These documents contain important policies and procedures that all volunteers are required to follow during their volunteer assignment with Meals on Wheels Collin County. We understand that Meals on Wheels Collin County reserves the right to revise, delete, and add to the provisions of these documents at any time without further notice.

Please read the following statements and sign below to indicate your organizations receipt and acknowledgment of the following documents.

- ❖ We have received, read, and understand the Volunteer Confidential Agreement and hereby agree to abide by this policy.
- ❖ We have received, read and understand the Hold Harmless Statement and agree to hold Meals on Wheels Collin County harmless of any loss or damages.
- ❖ We have received, read, and understand the MOWCC Conflict of Interest Statement
- ❖ We have received, read, and understand the MOWCC Security and Privacy Policies for Volunteers
- ❖ We have received, read, and understand the MOWCC Photo Release Form
- ❖ We have received, read, and understand the MOWCC Health, Sanitation, and Tips for Working with the Elderly and Disabled Training Packet

As volunteers for Meals on Wheels Collin County, we agree to abide by all the policies and procedures contained herein. We also agree that the point of contact's signature below indicates our organizations acceptance and understanding of the above documents.

X

Point of Contact Printed Name

X

Point of Contact Signature

X

Corporate/Organization Name

X

Date



**MEALS ON WHEELS**  
COLLIN COUNTY

**Authorization to be photographed/videoed/interviewed**

I authorize Meals on Wheels Collin County to photograph, videotape, and/or interview me. I authorize Meals on Wheels Collin County to use these photographs, videos, and/or interviews for promotional and fundraising campaigns. I understand that proceeds from such events will support the programs provided by Meals on Wheels Collin County.

I give permission for my name to be used:  
Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_

**Acknowledgement of North Central Texas Area Agency on Aging Privacy and Security Policies**

I acknowledge that I have reviewed and agree to abide by the North Central Texas Area Agency on Aging Privacy and Security Policies for Volunteers. I recognize that the policies may be changed, amended, or supplemented at any time, and that such changes supersede these policies.

*I hereby acknowledge that I have read and understand all the documentation above. Furthermore, I will adhere to the policies and procedures set out by MOWCC for its organization, staff, volunteers, and clients.*

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Date)



**MEALS ON WHEELS**  
COLLIN COUNTY

### **Volunteer Confidentiality Agreement**

Each person served by Meals on Wheels Collin County is recognized as having fundamental personal, service, and civil rights. Through policy and practices, the staff and its volunteers of Meals on Wheels Collin County is committed to treating each person served with dignity and respect, and to ensure their rights are not violated.

As a volunteer of, Meals on Wheels Collin County I may have access to personal information about the client(s) I am serving. I agree to hold this information confidential and will not divulge information to anyone except the Meals on Wheels staff that can determine disclosure.

I understand that divulging confidential information may result in the termination of my volunteer services with Meals on Wheels Collin County. A breach of confidentiality MAY consist of:

- ❖ Talking about a client in a public place.
- ❖ Talking about a client, by full name, to his or her family members without consent from the client.
- ❖ Telling people outside of the program the names of the clients served through the Meals on Wheels program.

I have read and understand the above confidential statement and hereby agree to abide by this policy.

### **Conflict of Interest Statement**

The purpose of the following policy and procedures is to complement Meals on Wheels Collin County (MOWCC) bylaws to prevent the personal interest of staff members, board members, officers, and volunteers from interfering with the performance of their duties to MOWCC, or result in personal, financial, professional, or political gain on the part of such persons at the expense of MOWCC or the clients.

*Definitions: Conflict of Interest* (also Conflict) means a conflict or the appearance of conflict between the private interests and official responsibilities of a person in a position of trust. Persons in a position of trust include staff members, board members, officers, and volunteers of MOWCC. *Staff Member* means a person who receives all or part of his income from the payroll of MOWCC. *Board Member* means a trustee of the Board of Trustees. *Officer* means an officer of the Board of Trustees. *Volunteer* means a person, other than a board member or a staff member, who does not receive compensation for services and expertise provided to MOWCC.



**MEALS ON WHEELS**  
COLLIN COUNTY

### **Security and Privacy Policies for Volunteers**

1. Full disclosure, **by notice in writing**, shall be made by the interested parties to the full Board of Trustees of all possible conflicts of interest; including but not limited to, the following:
  - a. A staff member in a supervisory capacity is related to another staff member whom he supervises.
  - b. A board member is related to another board member or staff member by blood, marriage or domestic partnership.
  - c. A staff member or board member, either individually or through an entity, or an immediate family member of a staff member or a board member, will render services or supply goods for compensation. This provision does not apply to reimbursement for out-of-pocket expenses or gifts of nominal value that are given as an expression of appreciation.
  - d. A volunteer working on behalf of MOWCC, who either individually or through an entity, or an immediate family member of a volunteer, will render services or supply goods for compensation.
2. If a board member or his immediate family member wants to receive compensation for services rendered or goods supplied, the board member must first resign.
3. Anyone in a position to make decisions about spending MOWCC resources (i.e., transactions such as purchase contracts), who also stands to benefit from that decision, has a duty to disclose that conflict as soon as it arises or becomes apparent.
4. Other than the situation set forth in paragraph 2, following full disclosure of a possible conflict of interest or any condition listed above, the Board of Trustees shall determine whether a conflict of interest exists; and if so, the Board shall vote to take any action deemed necessary to address the conflict and protect MOWCC best interests. The vote shall be by a majority vote of a quorum without counting the vote of any interested Trustee.
5. An interested staff member, board member, officer, or volunteer shall not participate in any discussion or debate of the Board of Trustees in which the subject of discussion is a situation in which there may be a perceived or actual conflict of interest.
6. A copy of this policy shall be given to all staff members, board members, and volunteers upon commencement of such person's relationship with MOWCC or at the official adoption of this stated policy. Each staff member, board member, and volunteer shall sign and date the policy at the beginning of his term of employment or service and each year thereafter. Failure to sign does not nullify the policy.
7. This policy and disclosure form must be filed annually by all specified parties.



### **Group Hold Harmless Statement**

We, herein referred to as volunteers, have offered to provide volunteer services to Meals on Wheels Collin County. We understand and hereby agree to hold Meals on Wheels Collin County, its board of directors, employees, officers, and agents harmless of any loss, damage, or injury sustained by volunteering, from any cause whatsoever, arising out of or in connection with any activities as volunteers.