ThreeRivers COMMUNITY ACTION
People-focused, community-driven

2026 THREE RIVERS COMMUNITY ACTION MEALS ON WHEELS APPLICATION

Name: _____

Address: _____City: _____ Zip: _____

Primary Phone: _____ Can you accept text messages: ☐ Yes ☐ No

Email: _____

Secondary Phone: _____

Emergency Contact Name: _____ Phone: _____

What days are you available to deliver?

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Any

Are you willing to substitute or drive a second route if we have a volunteer who is unable to deliver?

☐ Yes ☐ No ☐ Substitute Only

How many days per month can you deliver/substitute? _____

Please check the community(ies) in which you are able to volunteer:

☐ Cannon Falls	☐ Kenyon	☐ Pine Island
☐ Bellechester	☐ Mazeppa	☐ Wabasha
☐ Faribault	☐ Morristown	☐ Wanamingo
☐ Goodhue	☐ Northfield	☐ Zumbrota

As a Meals on Wheels Volunteer, we require you to have a valid driver's license and current auto insurance.

Do you have a current Driver's License: ☐ Yes ☐ No Do you have current auto insurance: ☐ Yes ☐ No

Three Rivers CAP has an obligation to ensure the safety of our Meals-On-Wheels clients. By signing below, I authorize Three Rivers Community Action, Inc. to perform a public criminal history check for consideration as a Volunteer Driver.

Signature: _____ Date of Birth: _____ Date:_____

(Completion of this form will be required Biennially)

After completing both sides of this form mail to:
Three Rivers Community Action, Inc.
1414 Northstar Drive, Zumbrota, MN 55992
OR email to oas@threeriverscap.org

VOLUNTEER CONFIDENTIALITY AGREEMENT

Volunteer Definition: An individual providing a service at “no cost” to assist in delivering a program function on more than a one-time basis.

As a volunteer of this organization, I understand that I must maintain the privacy and confidentiality of any and all participant information. I recognize the value and sensitivity of confidential information and understand that it is protected by law (Health Insurance Portability & Accountability Act).

I agree to maintain standards of confidentiality, as it is required of my role as a volunteer in providing services with Three Rivers Community Action, Inc.

I agree to keep all participant information confidential for an indefinite period of time, even after I am no longer volunteering with this organization.

This is the most important area for all volunteers to remember. In general, the same policies apply to volunteers that apply to paid staff.

1. There may be times that a child, individual or family may share information with you that is personal and confidential. Your relationship with the child, individual or family; their situation; and their personal affairs are privileged and confidential information.

2. Only talk in generalities about the child, individual or family. Do not talk about their personal lives, names, where they live, etc.

3. We want volunteers to talk about the program, benefits, your pride in your service, but do not talk about specific persons, their homes, their problems, etc.

I agree to follow the above Rules of Confidentiality. I understand that failure to do so will result in immediate dismissal as a volunteer.

VOLUNTEER: STAFF:

_____ _____

Volunteer Signature/Date Staff Signature/Date

Thank you for volunteering and making a commitment to your community! Please mail these forms soon, so you can start bringing some sunshine into the lives of seniors!