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groceries@northwestmontanaunitedway.org

Grocery Delivery Program

VOLUNTEER REGISTRATION

The heart of the Grocery Delivery Program is to provide free delivery of groceries once a week to individuals who are senior citizens and/or have a disability (temporary or permanent). It's intended for people who have difficulty or are unable to independently shop for groceries, who live within the greater Kalispell area, and agree to have volunteers shop for their groceries at Rosauers. This program depends entirely on caring volunteers and is offered through the United Way as a nonprofit community service.



Volunteer's Name _____ Age _____
Street Address _____
City _____ Zip _____
Mailing Address _____
Contact Phone _____ Cell _____
E-mail _____

Delivery Vehicle: Make and Model of Vehicle _____

- The vehicle I will be driving to do volunteer delivery is dependable.
- I have a valid Montana Driver's License and I'm providing a copy.
- My vehicle is currently insured under Montana state law and I'm providing a copy.

Person to contact in the event of an accident or medical emergency:
Name _____ Phone _____

Health/Safety Concerns or Limitations

- I consider myself to be physically fit and do not have any apparent medical issues.
- The following medical condition(s) or physical limitations or allergies or medications may affect my ability to perform my volunteer duties. I understand it is up to me to request volunteer duties that would be within my abilities. _____

- I can safely lift and carry _____ pounds of groceries.
- I do not foresee a problem if any customer I deliver groceries to has a pet.

KIND AND COURTEOUS SERVICE IS AT THE HEART OF THE GROCERY DELIVERY PROGRAM!

Grocery Delivery Program

WAIVER OF LIABILITY

In consideration of the opportunity afforded me to assist on a voluntary basis for the Grocery Delivery Program and in light of the aims and purposes of this community service, I hereby waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against the Grocery Delivery Program, United Way Volunteer Center, Northwest Montana United Way or its officers and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities in this program.

VOLUNTEER AGREEMENT

- I agree to:
- Follow all safety regulations and directions of the Grocery Delivery Program.
 - Report any injuries or accidents to United Way within 24 hours of the incident.

PRIVACY STATEMENT

As a volunteer or individual who is part of the workforce for the Grocery Delivery Program as part of the United Way Volunteer Center, you may have access to private information of the people who are receiving services. To ensure that information is used and disclosed in compliance with the HIPAA Privacy Regulation, you are required to read and sign this document.

This statement describes your duties and obligations with regard to personal information. Full compliance with this Privacy Statement is a condition of your volunteering with the Grocery Delivery Program and the United Way Volunteer Center. A copy of this signed statement will be kept on file at the United Way administrative offices.

A. Restrictions On The Use And Disclosure Of Personal Information

As a general matter, an individual's personal information may not be used or disclosed without proper permission. The use of and disclosure of personal information is subject to the restrictions in the HIPAA Privacy Regulation.

B. Penalties And Fines

Penalties and fines can be imposed by HIPAA on anyone who improperly uses or disclosed personal information. In addition to penalties and fines, any improper use or disclosure of personal information may subject you to disciplinary action up to and including being removed from your volunteer position.

Certification Of My Understanding And Compliance

Through my initials and signature, I hereby certify that I have carefully read and understand the above Statements and agree to abide by their provisions. All of my questions, if any, about this document has been answered. I agree to abide by all the requirements and provisions set forth in these Statements.

- I am not allowed to transport or socialize with any of the customers of the Grocery Delivery Program.
- As a volunteer I understand I am volunteering in every sense of the word which means this is an unpaid position.
- I agree to allow the Grocery Delivery Program to conduct a background check as a condition of this volunteer position.

Signature: _____

Date: _____

INITIAL EACH:

_____ Waiver of Liability

_____ Volunteer Agreement

_____ Privacy Statement

**RETURN TO: Grocery Delivery Program, 1203 Highway 2 West, #31,
PO Box 7217, Kalispell MT 59904
United Way Phone 752-7266, Fax 755-7266**

