

Faith in Action
of the River Cities

Volunteer Application

(Please print)

First Name: _____ Last Name: _____ (Office use)
VID# _____ *

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Birth Date: _____ Sex: _____ E-Mail Address: _____

What is the best time to reach you? _____ Is it okay to call you at work? _____

Congregation: _____ SS# _____

Employer: _____ Occupation _____

How did you become interested in *Faith in Action*? _____

Volunteer Options:

Please check areas in which you are interested in providing assistance:

- ___ visiting/companionship/reading to care receiver
- ___ transportation
- ___ respite services (relieving a family member 3-4 hrs. as needed)
- ___ shopping — indicate if you have a preference of shopping *with* ___ the care receiver,
for ___ the care receiver, or *either* ___
- ___ reassurance calls
- ___ paperwork (bill paying, balancing checkbook, etc.)
- ___ chores (yard work, minor home repairs, light housekeeping) Specify: _____
- ___ administration (assisting in the FIA office)

Check times available: Mo Tu We Th Fr Sa Su

Morning _____

Afternoon _____

Evening _____

I can volunteer:

once a week _____

more than once a week _____

Are you willing to do short notice assignments: Y N How much notice would you need? _____

Are there days/times when you would **not** be available? _____

Matching information:

General interests, skills, languages, hobbies or other volunteer experiences?

Do you smoke? Y N Are you willing to volunteer for a smoker? Y N

Are you willing to volunteer for someone who has a pet? Y N

Do you have transportation to get to assignments: Y N If no, how will you get there? _____

If volunteering for transportation: How far are you willing to drive? _____ (miles)

Screening information:

Do you have a valid driver's license? Y N

License number: _____ Expiration date _____

Insurance Company: _____ Policy number _____
Expiration date _____

Have you ever been convicted for violation of any laws, traffic or otherwise? Y N
If yes, please explain _____

Have you been treated for, or are you currently being treated for, a physical, mental, or emotional condition that FIA should be made aware of that would affect your ability to volunteer?

Have you ever done volunteer work before? Y N
If so, for whom?

Emergency contact:

Name: _____ Relationship _____

Day Phone: _____ Evening Phone _____

References:

Please list the names and phone numbers of three references (do not include family members)

I hereby give my consent for Faith in Action to contact my references, other organizations for which I currently do volunteer work, or have previously done volunteer work, and to conduct a routine background check.

_____ Date _____
Signature of Volunteer

I will not hold Faith in Action of the River Cities or the care receiver responsible for accidents, injury, or illness as a result of my volunteer work.

_____ Date _____
Signature of Volunteer

For volunteer caregivers under age 18 a parent or guardian must sign below.

I give permission for my son/daughter to be involved with *Faith in Action* of the River Cities. I will not hold *Faith in Action* of the River Cities responsible for accidents, injury, or illness as a result of this volunteer work.

_____ date _____
Signature of parent or legal guardian

Date training completed: _____*

*For office use only.