



FAITH
IN ACTION

Faith in Action of the River Cities

Volunteer Application

(office use)

First Name: _____ Last Name: _____ 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: _____ Social Security Number: _____

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 for 3-4 hours as needed.)
- Shopping (indicate whether 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 (Helping in the Faith in Action office.)

When are you available to volunteer? _____

Are you willing to do short notice assignments? _____

How much notice do you need? _____

Are there days/times you are not available? _____

Matching Information:

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

Do you smoke? _____ Are you willing to volunteer for a smoker? _____

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

Do you have transportation to get to assignments? _____

If so, 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? _____ Yes _____ No

License number: _____ Expiration date: _____

Insurance Company: _____ Policy number: _____

Expiration date: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? _____

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 done any volunteer work before? _____ if so, for whom?

Emergency contact:

Name: _____ Relationship: _____

Day phone: _____ Evening phone: _____

References:

Please list the name and numbers of three non-related references:

I hereby give my consent for Faith in Action of the River Cities 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)