

FAITH IN ACTION VOLUNTEER APPLICATION

Personal Information:

Title: ___ First Name: _____ Last Name: _____
 Address: _____ E-mail: _____
 City: _____ State _____ Zip: _____
 Home Phone: _____ Work: _____ ext. _____
 Cell Phone: _____ Fax #: _____
 Birthdate: ___/___/___ Sex: Male / Female
 Occupation: _____ Employer Name (optional): _____
 Congregation: _____
 How did you become interested? _____

Volunteer Options: Please check all areas in which you are interested in volunteering.

<input type="checkbox"/>	Home Visitor	<input type="checkbox"/>	Shopping	<input type="checkbox"/>	Chores
<input type="checkbox"/>	Telephone Reassurance	<input type="checkbox"/>	Respite Care	<input type="checkbox"/>	Angel's Among Us
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Meals	<input type="checkbox"/>	Other, please specify
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Placement Preference: Please check all that apply.

Availability:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I can volunteer: _____ Once a week
 _____ More than once a week
 _____ As needed
 _____ Other

Matching Information:

Please list your general interests, skills, volunteer experience, languages, hobbies, etc.:

Do you smoke: ___ Yes ___ No

Do you have allergies such as to pets, smoke, dust, etc.? ___ Yes ___ No

I prefer to volunteer ___ whenever needed or ___ through my congregation only.

If volunteering for transportation, how far are you willing to drive? _____ miles.

Do you have transportation to get to assignments? ___ Yes ___ No

If no, how will you get there? _____

List any special considerations for your placement (distance from home, preference for age or gender of care receiver)? _____

What reservations, if any, do you have about volunteering with Faith In Action? _____

Screening Information:

Do you have a valid driver's license? ___ Yes ___ No

Driver's license number _____ Expiration Date ____/____/____

Insurance Company _____ Policy Number _____

Expiration Date ____/____/____

Have you ever been convicted for violation of any laws, traffic or otherwise: ___ Yes ___ No

If yes, please explain: _____

Do you have any physical condition that may limit your volunteer activities? ___ Yes ___ No

If yes, please explain: _____

Emergency Contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone _____

References:

Please list three persons we may contact who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than a personal friend.

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

Name: _____ Phone: _____ Relationship: _____

Address: _____

____ I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a routine police check.

____ I give consent to have my photo and name released to the media to promote FIA services.

Signature of Volunteer: _____ Date: ____/____/____

* for office use only	Date Training Completed ____/____/____
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