Faith in Action Volunteer Application

Personal Information:

Name:				Phone (H)					
Address:				(C)					
				Email:					
Occupation:	Congregation								
	Affiliation: (optional)								
Work Phone:									
Volunteer Op	tions:								
Friendly Visiting Han			andy person				Fundraisers		
Medical Transportation Household Chor									
Other Transportation Telephone Reassur				rance Other					
Caregiver Respite Shopping/Errands									
I can volur Time/Day	nteer:o	nce a wee	kmore	than once	e a we	eek	as need	Sun	
Morning	101011	1465	1100	mars			Jac		
Afternoon									
Evening									
Matching information: General Interests, skills, volunteer experience, languages, and hobbies:									
Do you sm Are you al	lergic to pe	ets?	yes no		(dista	nco f	from home	o proforonco fo	
List any special considerations for your assignment (distance from home, preference for gender of client, etc.)									

Screening Information: Do you have a valid Drivers License number: Insurance Company: Policy number: Have you ever been convicted Yes No If yes, please	State issued: I for violation of any laws, tr	raffic or otherwise?						
Do you have any physical condition that may limit your volunteer activities?								
Yes No If yes, please describe:								
Emergency Contact:								
Name: Phone:								
Relationship:								
·								
•	•	nily members. You may include elationship to you is more than a						
Name:	Phone#	Relationship						
Address:	City:	State/Zip:						
Name:	Phone#:	Relationship						
Address:	City:	State/Zip:						
Name:	Phone#:	Relationship:						
Address:	City:	State/Zip:						
I hereby give my consent for employers, past and present;		police check.						
Signature of Applicant		Date						

Do you have any questions about volunteering for Faith in Action?