



Faith in Action

12 E. Appleby Road, Fayetteville, AR 72703

Volunteer Application

The information provided will only be seen by Faith in Action staff.

Name: _____

Address: _____ State: _____ Zip: _____

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

Email: _____ Employer: _____ For how long? _____

Date of Birth: _____ Faith Affiliation: _____

Marital Status: Single: _____ Married: _____ Widowed: _____ Spouse's name: _____

Children's Names: _____ Ages of Children: _____

Special Interest/Skills/Hobbies _____

Reason for wanting to volunteer? _____

How did you hear about Faith in Action? _____

What hours are you available to volunteer?

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Sat/Sun _____

How far are you willing to travel? _____

Will you help if client..... (Answer Yes or No)

Smokes? _____ Has pets in home? _____ Is Para/Quadrapalegic? _____

Curses heavily? _____ Has children in home? _____ Is in wheelchair? _____

Has Terminal Diagnosis? _____ Home is unkempt? _____

I am willing to help in the following areas: (Circle all that apply)

Light housekeeping Minor repairs Shopping

Friendly visits (Providing companionship) Yard work Clerical/Office

Phone contact Read mail/Bill paying Event Planning

Transportation Provide break for caregiver

Drive on longer trips (30 miles one-way) Other: _____

What is your means of transportation? _____

Do you have a current, valid driver's license? _____

Do you have current, adequate auto insurance coverage? _____

Have you ever been convicted of a felony? _____ If yes, when and what for: _____

Do you have any physical limitations, health troubles, or other disabilities, which may limit your volunteering?

Faith in Action

12 E. Appleby Road, Fayetteville, AR 72703

Explain _____

Volunteer Guidelines

Employees and Volunteers are exposed to legally confidential information contained in client's records. They also become aware of information from many sources which may not be legally confidential but which, nevertheless, must be handled in a confidential manner in order to avoid an invasion of a client's rights of privacy. It is important that all such information is kept strictly confidential.

Confidential Information: Information acquired through a professional relationship with the client is considered legally confidential. Information such as client's name, address, age, sex, names of next kin, names of attending or consulting physicians, and general conditions of client are not defined as legally confidential, however, such information about the client, as well as their families and friends, must be released only with discretion and generally should have the client's consent; otherwise, the release of such information may be an invasion of their right of privacy. The client has the right to choose to whom and how personal information is to be disseminated.

1. I understand the responsibilities of a Faith in Action volunteer and will commit to serving as a member of the Faith in Action team in a professional manner.
2. I will not disclose confidential personal or medical information regarding Faith in Action clients. If I am unsure about what should or should not be disclosed, I will consult with the Faith in Action Coordinator.
3. I understand that regular contact with Faith in Action staff is a necessary part of the team effort and **will accept the responsibility of reporting all client contacts.**
4. I understand that Faith in Action is available to provide guidance and supervision upon request.
5. In the event that I am unable to fulfill my responsibility of meeting a client's needs, I will immediately notify the client and the Faith in Action Coordinator.
6. I understand that if I am involved in transport of a client, I must have a current, valid driver's license, good driving record and current, valid automobile insurance.

I certify that I have reviewed and understand these Guidelines. I agree to abide by them. I understand that this signed document will be kept in my personnel file. I give Faith in Action permission to verify any information on this form and to **check my references.** A copy of these guidelines can be found in the Volunteer Manual.

Signature

Date

Please provide two references that you have known for at least three years that are not related to you.

Reference: _____

Relationship: _____ **Phone:** _____

Address: _____ **State:** _____ **Zip code:** _____

Reference: _____

Relationship: _____ **Phone:** _____

Address: _____ **State:** _____ **Zip code:** _____

Volunteer Requirements

- _____ I will adhere to the services that I have agreed to perform. If there is an assignment that I am unable or unwilling to do, I will let the volunteer coordinator know.
- _____ If providing transportation, I will provide a copy of valid driver's license and proper insurance. (Office will make copy for you.)
- _____ I am willing to comply with Volunteer Health Screening. This includes drug test, TB skin test and health questions.
- _____ I am willing and able to attend a training or view a training video.
- _____ I agree to an interview with the Volunteer Coordinator.
- _____ I will be reliable, responsible and trustworthy.
- _____ I will provide two references for reference check.
- _____ I will complete a Volunteer Application.
- _____ I will treat all clients with respect and dignity.
- _____ I will turn in **monthly report sheets each month.**

I read and understood the above requirements needed to become a volunteer of Faith in Action.

Signature: _____ Date: _____