



Faith in Action
A Service of  Washington Regional

Volunteer Requirements

_____ I have two or more hours each week to help others in need.

_____ 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 training or view training video.

_____ I agree to an interview with the Program 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**.

_____ If there is an assignment that I am unable or unwilling to do, I will let the coordinator know.

I read and understood the above requirements needed to become a volunteer of IVC.

Signature: _____ Date: _____