



Volunteer Application

Information provided will be used for official Faith in Action business. Please complete all information and circle appropriate answers.

General Information

Legal Name: _____ Preferred Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Birth Date: _____ Gender: M F other

Spoken Language(s): _____ Have you ever been convicted of a felony? Yes No

If yes, explain: _____

Special Interests/Skills/Hobbies: _____

Volunteer Interests (circle all that apply)

Friendly Visit	Transportation	Minor Home Repairs
Shopping	Chore Assistance	Reading Mail/Bill Pay
Telephone Visit	Yard Work	Delivery

If willing to provide transportation, please complete the following:

How far are you willing to travel? 10 miles or less 10-25 miles 25 miles or more

Vehicle Make & Model: _____

*Proof of liability insurance and driver's license required.

Do you have anything that may limit your ability to provide FIA volunteer services? Yes No

If yes, explain: _____

What excites you most about volunteering with Faith in Action? _____

How did you hear about Faith in Action? _____

Client Matching

Can you fulfill the needs of a client that:

Yes	No	Uses Tobacco	Yes	No	Has a Disability/Disabilities
Yes	No	Has Pets	Yes	No	Has a Terminal Diagnosis
Yes	No	Has Children in Home (adult children, children with disabilities, or grandchildren)	Yes	No	Uses a Wheelchair Occasionally
Yes	No	Has an Unkempt Home	Yes	No	Has Allergies (non-medication)

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

Reference: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Reference: _____ Relationship: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip code: _____

Printed Name

Signature

Date