



Volunteer Information & Application

Washington County
1101 North Woolsey Ave.
Fayetteville, AR 72703
479-463-7862

Benton County
2706 East Central Avenue
Bentonville, AR 72712
479-273-3570

Volunteer Application

All information provided will be used for official Faith in Action business. Information will not be released to clients. Please complete all information and circle appropriate answers.

General Information

Name: _____ Nickname: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ Email: _____

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

Home Phone: _____ Spoken Language(s): _____

Marital Status: Single Married Widow

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Special Interest/Skills/Hobbies: _____

Areas I Want to Volunteer (circle all that apply)

- | | | |
|-----------------------|------------------|--------------------|
| Friendly Visit | Transportation | Minor Home Repairs |
| Shopping | Chore Assistance | Clerical/Office |
| Telephone Reassurance | Yard Work | Event Planning |

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: _____

Approximate amount of time willing to dedicate to volunteering for FIA monthly:

1-2 hours 3-5 hours 6 hours or more Other: _____

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

If yes, explain: _____

What is Your Reason for Wanting to Volunteer? _____

How did you hear about Faith in Action: _____

Client Matching

Can you fulfill the needs of a client for or who:

Yes	No	Uses Tobacco	Yes	No	A Disability/Disabilities
Yes	No	Has Pets	Yes	No	Terminal Diagnosis
Yes	No	Children in Home (adult children, children with disabilities, or grandchildren)	Yes	No	Wheelchair
Yes	No	Unkempt Home	Yes	No	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: _____

Volunteer Guidelines

- _____ 1. I understand that it is a privilege to be a Faith in Action (FIA) volunteer and will report all client contacts and seek guidance from the volunteer coordinator on any issue for which I am unsure of the correct approach or pathway.
- _____ 2. I will notify the volunteer coordinator if I am unable to meet the client's needs.
- _____ 3. FIA Staff and volunteers may be exposed to information about clients that should remain confidential. Volunteers will not discuss sensitive, personal or otherwise protected client information with anyone, except the Faith in Action staff.
- _____ 4. I understand that if I am a volunteer for FIA, I must have a current, valid driver's license, good driving record and current, valid automobile insurance. Providing copies of your driver's license and insurance is required before volunteering. (FIA can make copies if needed.)
- _____ 5. I am willing to comply with Washington Regional Volunteer Health Screening. This includes drug test, TB skin test, and background check. Annual TB Skin Tests are required of all volunteers.
- _____ 6. I accept responsibility for reporting all volunteer services by the 5th of the month immediately following the month of service.
- _____ 7. In addition to volunteer orientation, I am willing and able to attend training or view a training video.

I hereby acknowledge that I have received, read and clearly understand the Faith in Action Volunteer Guidelines and agree to the terms stated above.

Printed Name

Signature

Date