



Faith in Action

Volunteer Application Form

Name _____ Date of Birth _____

Address _____ City/Zip _____

Home Phone () _____ Work Phone () _____

Can we call work? _____ Cell: () _____ E-Mail: _____

Are you an active member of a faith community? _____ Which one? _____

Do you wish to be matched with a member of: The same faith community? _____ Any? _____

Do you have experience working with interfaith groups? (please explain): _____

Do you wish to be paired with: Male? _____ Female? _____ Either? _____

Do you wish to provide services to: Frail Elderly? ___ Disabled? ___ Terminally Ill? ___ Any? ___

Have you worked with either of these populations before? (please explain) _____

Can you volunteer: Days? _____ Evenings? _____ Weekends? _____ Anytime? _____

Why are you interested in working with this program? _____

Please number, in order of preference, the services you would like to provide:

Transportation ___ Meal Prep ___ Visitation ___ Shopping ___ Light Housework ___

Respite ___ Errands ___ Light Yard Work ___ Business Help ___ Phone Calls ___

"Handyman" projects ___ *Peer Counselor ___ *(Age 60 and over)

Do you drive? _____ Have a car? _____ *CDL number _____

Expiration Date: _____

*A copy of your license will be required for our secured files.

*Car Insurance Carrier _____ Policy # _____

Insurance Coverage Limits _____ Expiration Date _____

*A copy of your proof of insurance will be required for our secured files.

If needed, will you consider a case outside of your immediate area? _____ (Check areas you are willing to work in) Vacaville___ Fairfield___ Suisun___ Vallejo___ Benicia___ Dixon___ Rio Vista___

If needed: May we match you with a smoker? Yes___ No___
May we match you with a pet owner? Yes___ No___

Do you speak any other language? _____

Do you know American Sign Language? _____ Can you be called upon to translate? _____

How did you learn of this program? _____

Have you ever been convicted of a crime? (If yes, please explain) _____

(Having a conviction does not necessarily preclude you from volunteering.)

Please list three personal references who are not members of your family or household:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

In case of Emergency please notify: _____
Name _____
Address _____
Phone _____

All the above information is true and correct to the best of my knowledge. I understand that should I be selected as a volunteer, that I will provide services to the frail elderly, the chronically ill, the physically disabled, or persons with cancer and their families to the best of my abilities. All information shared with me, by either the program or the care receivers will be kept confidential. I also understand that Faith in Action is an interfaith group, which provides services to the frail elderly, the chronically ill, the physically disabled persons with cancer and their families, regardless of denomination, faith community, or religious belief. I further understand that the philosophy of Faith in Action respects all forms of religious belief and spirituality, however defined by the person requesting or providing services, and as such, I agree to not engage in any proselytizing (converting) activities.

SIGNATURE _____

DATE _____

Please mail application to: Faith in Action
91 Town Square Place
Vacaville, CA 95688