



**FAITH**  
IN ACTION

## Volunteer Application

### Personal information:

Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Congregation affiliation (optional): \_\_\_\_\_  
 Occupation: \_\_\_\_\_

### Volunteer options:

friendly visits       yard work       shopping/errands  
 escort/transportation       light housework       writing letters/reading  
 respite care       minor home repairs       telephone reassurance  
 meal preparation       help in FIA office       other: \_\_\_\_\_  
 fundraisers       public speaking       other: \_\_\_\_\_

### Placement preference:

Please check all that apply:

I can volunteer:     once a week     more than once a week     as needed     other

### Matching information:

General interests, skills, volunteer experience, languages, and hobbies: \_\_\_\_\_  
 \_\_\_\_\_

Do you smoke?       yes       no

Are you allergic to pets?       yes       no

I prefer to volunteer:       wherever needed       through my congregation/group only

List any special considerations for your placement (distance from home, preference for age or gender of care receiver)? \_\_\_\_\_

Do you have any physical condition that may limit your volunteer activities?     yes     no

If yes, please describe: \_\_\_\_\_

**Driving information (Complete this section if you plan to transport care receivers):**

Do you have a valid driver's license?      \_\_\_yes      \_\_\_no

License number: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Have you ever been convicted for violation of any laws, traffic or otherwise?    \_\_\_yes    \_\_\_no

If yes, please explain: \_\_\_\_\_

**Emergency contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**References:**

Please list three persons we may contact who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than a personal friend.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

***I hereby give my consent for Faith in Action of Central Lakeland to contact my references: to contact my employers, past and present; and to conduct a routine police check.***

***By signing this document I agree to treat my care receivers and other volunteers with dignity and respect. I will not volunteer when under the influence of drugs or alcohol that could impair my judgment or abilities or endanger a care receiver or other volunteers. I will not accept any gifts or money from a care receiver under any circumstances. I will direct a care receiver wishing to make a donation to direct the funds directly to Faith in Action of Central Lakeland. If I incur any type of injury or accident while volunteering I will report the incident to the office immediately.***

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*