



FAITH
IN ACTION

Faith in Action

Volunteer Application

Name _____ Birthdate _____
(Please print) Last First MI month/day/year

Street Address _____

Mailing Address (if different) _____

City/State/Zip _____ E-mail address _____

Home Phone _____ Work Phone _____

Mobile Phone: _____

May we call you at work? Yes No Days/Hours of employment _____

Best time and way to contact you _____

Faith community/church affiliation _____

How did you hear about Faith in Action? _____

I prefer to volunteer: Weekly Monthly For special events or projects As needed

Other (please describe) _____

I am willing to serve: By myself With a group or as a family (explain) _____

When are you generally available? (Check all that apply)

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

If available, would you accept on-call requests with short notice? Yes No

Indicate your area of interest:

- Older Adults Children with special needs Program support or development

Which volunteer opportunities most interest you? (Check all that apply)

- Companionship, friendly visiting, mentoring
 Exercise coach ___ or substitute coach ___
 Homebound book delivery
 Light housekeeping
 Minor home repairs
 Office assistance, staff support
 Public speaking, volunteer recruitment
 Respite care (relieving a caregiver)
- Shopping or running errands for someone
 Special event planning
 Taking someone shopping
 Telephone reassurance
 Transportation to/from appointments
 Yard work
 Other _____

Previous experience _____

Are you willing to visit with someone who smokes? Yes No

Are you willing to visit with someone with pet animals? Yes No

Languages spoken other than English _____

Do you have any conditions or special needs your supervisor should know about? _____

Please indicate areas of special skill or interest that you wish to share through Faith in Action (including work, volunteer and other personal experience):

- | | | |
|--|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Exercise, fitness | <input type="checkbox"/> Nutritional health |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Food service, cooking | <input type="checkbox"/> Office administration |
| <input type="checkbox"/> Business | <input type="checkbox"/> Fund development | <input type="checkbox"/> Professional driver |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Project management |
| <input type="checkbox"/> Childcare, children | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Sales, PR, marketing |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Home repair | <input type="checkbox"/> Teaching, mentoring |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Human resources | <input type="checkbox"/> Writing, editing |
| <input type="checkbox"/> Counseling, therapy | <input type="checkbox"/> Internet, web design | <input type="checkbox"/> Other (please list hobbies/
interests not already
mentioned) _____ |
| <input type="checkbox"/> Data management | <input type="checkbox"/> Law | _____ |
| <input type="checkbox"/> Desktop publishing | <input type="checkbox"/> Management | _____ |
| <input type="checkbox"/> Event planning | <input type="checkbox"/> Music, art | _____ |

Mode of transportation: _____

Can you transport someone in a wheelchair? Yes No **With a walker?** Yes No

If you expect to drive for FiA: Valid Oregon Driver's License Number _____

Auto Insurance Co. _____ **Policy #** _____ **Expiration date** _____

References (individuals not related to you)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Emergency Contact

Name _____ Relationship _____ Home Phone _____

Work Phone _____ Mobile Phone: _____

I authorize contact of listed references and employers and understand that a criminal check may be made. I also understand that misrepresentation or omission of facts is cause for non-appointment to a volunteer position with Faith in Action.

Volunteer Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(Required if volunteer is under the age of 18)

References: 1) _____	2) _____	(For office Use Only)
Background check: Submitted _____	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician's release: _____		
Training: _____		