



FAITH
IN ACTION

Volunteer Application

Personal information:

Name: _____ Phone (H): _____ (W): _____

Address: _____ Email: _____

_____ Congregation affiliation (optional): _____

Occupation: _____ Date Of Birth: ____/____/____

Placement preference:

Please check all that apply:

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

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun
Morning							
Afternoon							
Evening							

Matching information:

General interests, skills, volunteer experience, languages, and hobbies: _____

Do you smoke? yes no

Are you allergic to pets? yes no

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

What reservations, if any, do you have about volunteering with *Faith in Action*? _____

Screening information:

Do you have a valid driver's license? yes no

License number: _____

Have you ever been convicted of a felony? ___yes ___no

If yes, please explain:_____

Do you have any physical condition that may limit your volunteer activities? ___yes ___no

If yes, please describe:_____

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 the Faith in Action to contact my references and to conduct a routine police check.

Signature of Applicant

Date