



Faith in Action

400 Chapple Ave., Ashland, WI 54806

Phone: 715-682-4414 ext 3 or 1-888-682-7672

Fax: 715-682-5323 Email: FiaVolunteer@AshlandAging.org

FAITH
IN ACTION

YOUTH Volunteer Application

Today's Date: _____ Date Orientation Completed: _____

Name: _____ Birth Date: _____

(First)

(MI)

(Last)

Address: _____

City/State/Zip: _____

Phone Numbers: Home _____ Work _____ Cell _____

Email Address: _____

Employer: _____ May we call you at work? Yes No

If you are volunteering through an organization, what organization are you affiliated with?

Occasionally our volunteers are recognized in newspaper or newsletters for their efforts. Do you give your permission for your name to be listed publicly as a Faith In Action Volunteer? YES NO

Services I would be willing to provide for a care receiver:

- Housekeeping (light cleaning) Raking leaves/ yard work
- Companionship (friendly visiting) Mowing lawn
- Snow Removal

My time commitment for volunteer service:

- I can volunteer once a week **OR** I can volunteer only once a month
- I prefer an ongoing assignment **OR** I prefer a short-term assignment

Times I am available for volunteering:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Times during the year when I am **NOT** available for volunteering:

Information helpful for matching:

Hobbies/Interests: _____

Do you have any physical conditions that may limit activities? Yes No

Do you have any mental health concerns/diagnosis? Yes No

Do you have any bacterial infections/infectious diseases? Yes No

Please explain any "yes" answers above: _____

How did you hear about Faith In Action? _____

Do you plan on volunteering alongside a parent/guardian or on your own? _____

Assignment Preferences:

Concerns if matched with smoker? Yes No

Concerns if a pet in the home? Yes No Explain: _____

Concerns with gender of the care receiver? Yes No Explain: _____

Emergency Contact:

Name: _____ Phone: _____

Address: _____

Screening Information:

Faith In Action-Ashland County takes seriously its obligation to provide a safe environment for all those involved in its activities. FIA will conduct a criminal background check, driver's license check and check personal references. FIA will communicate the needs of the care receiver to the volunteer in advance of the assignment. Volunteers are asked to apply common sense and not undertake services that are unsafe or beyond reasonable expectations for the volunteer assignment that was outlined by the Program Coordinator. Guidelines in the Volunteer Handbook are to be followed.

Personal References: Please list two non-family references. We ask that at least one reference be a teacher or school staff person (unless homeschooled). Coaches, teachers, youth leaders, employers, ministers, etc. who know you well are good choices for references.

Name _____ Relationship to you: _____

Address _____

(Street) (City) (State) (Zip Code) (PHONE NUMBER)

Name _____ Relationship to you: _____

(Street) (City) (State) (Zip Code) (PHONE NUMBER)

Background Information Disclosure:

1) Do you have community service obligations that you hope to fulfill through Faith In Action?

Yes No If you answered "yes", why do you have community service hours to complete?

What agency or organization will you be reporting these community service hours to:

Name of Organization/Agency: _____

Supervisor overseeing the hours: _____ Phone number _____

2) Do you have criminal charges pending against you? Yes No

If "yes", please explain _____

3) Were you ever convicted of any crime anywhere, including in federal, state, local or military and tribal courts? (include traffic violations) Yes No

If yes, please explain: _____

4) Were you ever convicted of any ordinance violation involving shoplifting, theft, damage to property, etc. Yes No If yes, please explain: _____

5) Are you registered with Wisconsin Corrections Services/Probation and Parole? Yes No

6) Were you ever known by any other names? (including married or maiden names) Yes No

If yes, what names have you used? _____

Confidentiality Agreement

All individuals serving in a volunteer position with Faith In Action–Ashland County are to respect the confidentiality rights of those receiving care through this organization. No volunteer is to disclose confidential information on any care receiver to any person who is not a Faith In Action staff person or a person specifically approved by the care receiver. Information regarding the care receiver is not to be shared with family members of the care receiver without authorization from the care receiver.

Volunteers are not to discuss confidential information concerning care receivers in circumstances where an unauthorized person may overhear the conversation. Volunteers are encouraged to use first names only when discussing situations involving care receivers. Names of care receivers are not to be mentioned in social settings or outside of normal day-to-day business operations of Faith In Action.

I understand and consent to the following:

- I certify to the best of my knowledge that the information provided in this application is truthful and accurate. I authorize the Faith in Action-Ashland County Coordinator to contact my child's personal references and my child's community service supervisor.
- I understand that a Faith In Action-Ashland volunteer or care receiver can be released from service within the sole discretion of the Program Coordinator and without advanced notice or without any opportunity to appeal the decision.

Liability Coverage

FIA will communicate the needs of the care receiver to the volunteer in advance of the assignment. Volunteers are asked to apply common sense and not undertake services that are unsafe or beyond reasonable expectations for the volunteer assignment that was outlined by the Program Coordinator. Guidelines in the Volunteer Handbook are to be followed.

- **General Liability:** I understand I that I (my child has) have coverage for my (his/her) activities as a volunteer for Faith In Action-Ashland County as long as I am acting within the scope of the program's activities.
- **Bondability:** I understand that I (my child is) am not bonded and that I (he/she) should not handle money or property for the care receiver or the care receiver's family.

(Applicant Signature)

(Date)

(Parent/guardian signature)

(Date)

PARENT/GUARDIAN CONSENT FORM

In order for your child to become a volunteer with the *Faith in Action* program, we need your consent and your involvement in helping him or her have a productive and rewarding experience. Call Megan Perrine at 682-4414 ext. 3 if you have any questions, would like further information, or would just like to discuss this with a member of our staff.

I understand that my child named above wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by Faith in Action. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures. I understand that they will not receive monetary compensations for the services contributed.

Name of parent/guardian (please print): _____

Relation to Volunteer: _____ Phone: _____

Signature: _____ Date: _____

