



Faith in Action

400 Chapple Ave., Ashland, WI 54806

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FAITH
IN ACTION

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:

- | | |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> Housekeeping (light cleaning) | <input type="checkbox"/> Phone calls (routinely for reassurance) |
| <input type="checkbox"/> Respite Care (2-4 hr. break for caregiver) | <input type="checkbox"/> Companionship (friendly visiting) |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Shopping (errands with or for care receiver) |
| <input type="checkbox"/> Pets 'N Pals trained companionship | <input type="checkbox"/> Meal Preparation (occasional) |
| <input type="checkbox"/> Companion to arts performances such as theater/symphony | |
| <input type="checkbox"/> Transportation (to or from appointments) | Maintenance Skills: |
| <input type="checkbox"/> Assistance with writing letters | <input type="checkbox"/> Carpentry <input type="checkbox"/> Small Appliance repair |
| <input type="checkbox"/> Snow Removal | <input type="checkbox"/> Electrical <input type="checkbox"/> Storms /screens |
| <input type="checkbox"/> Raking leaves/ yard work | <input type="checkbox"/> Painting <input type="checkbox"/> Other |
| <input type="checkbox"/> Mowing lawn | <input type="checkbox"/> Plumbing |

Assistance I could provide the Faith In Action office:

- | | |
|---------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Help with fundraising | <input type="checkbox"/> Typing/computer layout |
| <input type="checkbox"/> Work on mailing projects | <input type="checkbox"/> Publicity/speaking |
| <input type="checkbox"/> Bake for Faith In Action fundraisers | <input type="checkbox"/> Serve on the FIA Board or committee |

Services not listed I could provide: _____

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:

Work background (current or previous) _____

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

Do you have any alcohol or drug related issues Yes No

Please explain any "yes" answers above: _____

How did you hear about Faith In Action? _____

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: _____

For all those willing to provide transportation:

Valid driver's license Yes No What state do you hold a license in? _____

Driver's license number: _____

Do you have any driving restrictions? _____

I will be driving: Sedan 2-dr. Sedan 4-dr. Mini van SUV Pickup

Do you have liability insurance equal to or greater than the minimum limits required by the State of WI and agree to keep that coverage on your auto while volunteering? Yes No

You will need to provide proof of valid car insurance: Please attach copy of insurance card (This can be done at your orientation)

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 Wisconsin Department of Justice records check on all volunteer applicants. We also request the names of personal references.

Personal References: Please list two references –Professional relationships such as teachers, employers, coaches, pastors, etc. preferred. **Do not use family members or friends for references.**

Name: _____ Relationship to you: _____

Address:

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

Name: _____ Relationship to you: _____

Address:

(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? _____

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 also understand the screening requirements mentioned above, and authorize the Faith in Action-Ashland County to process the paperwork for the criminal background checks, driver’s license check, and to contact my personal references and community service supervisor.
- I further 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 have coverage for my 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 am not bonded and that I should not handle money or property for the care receiver or the care receiver’s family.
- **Auto Insurance:** I understand that if I use my personal automobile in my volunteer service, I will keep in effect my automobile liability insurance equal to the minimum limits required by the State of Wisconsin.

• _____
(Applicant signature) (Date)

Confidentiality Policy

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.