



885 Badger Circle, Grafton WI 53024
(262) 376-5362
www.interfaithozaukee.org

Volunteer Application

Last Name _____ M.I. _____ First Name _____

Address _____ City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone(____) _____ Email _____

Birthdate ____/____/____ Gender (circle one) M / F

Occupation _____ Work Phone (____) _____

Religious Affiliation _____ Congregation _____

How did you hear about Interfaith Caregivers? _____

Services You Can Provide:

Client contact:

- Transportation
- Light Housekeeping
- Home Repair & Odd Jobs
- Shopping and Errand-Running

- Snow Removal/Yard Care
- Paperwork & Bill Paying
- Friendly Visits & Calls
- Respite Care

Administrative Support:

- Clerical Assistance
- Public Speaking
- Special Events
- Vol. Recruitment

Volunteer Matching Questions:

1. Previous volunteer experience: _____

2. What skills could you contribute as a volunteer: _____

3. Hobbies, interests: _____

4. Languages spoken: _____

5. Do you smoke? Yes No Are you allergic to smoke? Yes No

6. Are you allergic to pets? Yes No

7. How far are you willing to drive? No Reasonable Limit -OR- _____ Miles From _____

8. Are you willing to drive out of Ozaukee County? Yes No Occasionally

9. Generally, when are you available? all year/seasons summer only other _____

10. Please check the days and times you prefer to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

11. Do you have a valid driver's license? _____ Yes _____ No

Driver's License Number _____ Expiration Date _____

Car Make and Model _____ Color _____

12. Auto insurance company: _____

Policy Number: _____ Expiration Date: _____

13. Do you have any criminal charges pending against you? _____ Yes _____ No

14. Were you ever convicted of a crime? _____ Yes _____ No

References

Please provide us with the names of two people, not related to you, who have known you for at least one year and can serve as a reference.

1. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

In Case of Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Understanding and Signature:

The information I have provided on this application is truthful and accurate to the best of my knowledge. I understand that a further review of my application may include a criminal background check conducted by Interfaith Caregivers of Ozaukee County. Furthermore, I understand that providing false information omitting information or an unfavorable result of a criminal background check, may result in denial of volunteer service from Interfaith Caregivers of Ozaukee County.

Signature: _____ Date: _____

Please return this application to address on the first page.

For office use only: Date orientation/training completed: _____