



## Volunteer Application

Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_ First Name: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male \_\_\_\_ Female \_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Are you a Veteran: Yes: \_\_\_\_ No: \_\_\_\_

Veteran Family Member: \_\_\_\_\_ Active Duty: \_\_\_\_\_ Military Family Member: \_\_\_\_\_

<b><u>Services You Can Provide</u></b>		
<b>Client Contact:</b> <input type="checkbox"/> Transportation <input type="checkbox"/> Shopping & Errand-Running	<input type="checkbox"/> Paperwork & Bill Paying <input type="checkbox"/> Friendly Visits/Phone Calls <input type="checkbox"/> Respite Care	<b>Administrative Support:</b> <input type="checkbox"/> Clerical Assistance <input type="checkbox"/> Public Speaking <input type="checkbox"/> Special Events

How did you hear about Interfaith Caregivers? \_\_\_\_\_

### **Volunteer Matching Questions:**

1. Previous volunteer experience: \_\_\_\_\_

2. What skills could you contribute as a volunteer: \_\_\_\_\_

3. Hobbies, interests: \_\_\_\_\_

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

5. Are you allergic to pets?  Yes  No What type of pets: \_\_\_\_\_

6. How far are you willing to drive?  Reasonable Limit -OR-  Miles From \_\_\_\_\_

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

8. Generally, when are you available?  all year/seasons  summer only  other \_\_\_\_\_

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

• Driver's License #: \_\_\_\_\_ • Car Make & Model: \_\_\_\_\_

• Expiration Date: \_\_\_\_\_ • Color: \_\_\_\_\_

10. Auto insurance company: \_\_\_\_\_

• Policy Number: \_\_\_\_\_ • Expiration Date: \_\_\_\_\_

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

12. Were you ever convicted of a crime?  Yes  No

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**In Case of Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Volunteer Recommendations**

We are always in need of caring volunteers to assist our clients. Please provide contact information for any friends or family you believe would be a good fit as an Interfaith Volunteer. This will allow us to reach out to them and explain the flexibility of our program and the need for volunteers to assist seniors and individuals with disabilities in our community. Thank you!

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**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 the address on the first page.**

<i>For office use only</i>
Background check completed: _____
Interview & orientation completed: _____
Training completed: _____
Approved in Assisted Rides: _____