



Faith in Action Volunteer Application Form

Name _____ Date of Birth _____

Address _____ City/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Can we call work? Yes No E-Mail Address _____

How did you learn of this program? _____

Why are you interested in working with this program? _____

Do you have experience working with interfaith groups? (Please explain): _____

Do you wish to be paired with: Male Female either

Do you wish to provide services to: Frail elderly Terminally Ill Disabled any

Have you worked with either of these populations before? (Please explain) _____

Can you volunteer: mornings afternoons evenings weekends anytime

Please indicate the services you would like to provide:

- | | |
|---|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Yard Work |
| <input type="checkbox"/> Ride with Pride Dispatcher | <input type="checkbox"/> Business Help |
| <input type="checkbox"/> Visitation | <input type="checkbox"/> Phone Calls |
| <input type="checkbox"/> Home Safety Repairs | <input type="checkbox"/> Senior Peer Counselor* (1:1 or group counseling)
<i>*for volunteers age 60 and over</i> |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Administrative Office (as needed) |
| <input type="checkbox"/> Light Housework | <input type="checkbox"/> Fundraising (planning events, decorating) |
| <input type="checkbox"/> Respite Care | <input type="checkbox"/> Advisory Committee (time limited to projects) |
| <input type="checkbox"/> Errands | |

Do you drive? Yes No Own a car? Yes No

CDL number _____ Expiration Date: _____

A copy of your license or state ID is required for our secure files.

Car Insurance Carrier _____ Policy # _____

Insurance Coverage Limits _____ Expiration Date _____

**A copy of your proof of insurance is required for our secure files.*

If needed, will you consider a case outside of your immediate area? ____ (Check areas you are willing to work in):

- | | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Vacaville | <input type="checkbox"/> Vallejo | <input type="checkbox"/> Dixon |
| <input type="checkbox"/> Fairfield | <input type="checkbox"/> Benicia | <input type="checkbox"/> Rio Vista |
| <input type="checkbox"/> Suisun | | |

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If needed: May we match you with a smoker? Yes No

Volunteers who smoke are asked to refrain from smoking, even if matched with a smoker.

May we match you with a pet owner? Yes No Do you have pet allergies? Yes No

Do you speak any other language? Yes No Languages spoken: _____

Do you know American Sign Language? Yes No Can you be called upon to translate? Yes No

Have you ever been convicted of a crime? Yes No If yes, please explain _____

Having a conviction does not necessarily preclude you from volunteering. Any information shared is strictly confidential. Because we work with a vulnerable population, a background check may be required.

Please list **five** personal references who are not members of your family or household:

Name	City/State	Phone Number

In case of Emergency please notify: _____
 Name _____ Relationship _____
 Address _____
 Home Phone _____ Cellar Phone _____ Work Phone _____

All of the above information is true and correct to the best of my knowledge. I understand that should I be selected as a volunteer, that I will provide services to Faith in Action's target population to the best of my abilities. All information shared with me, by either the agency or the care receivers will be kept confidential. I also understand that Faith in Action is an interfaith organization, which provides services to enrolled care recipients regardless of denomination, faith community, or religious belief. I further understand that the philosophy of Faith in Action respects all forms of religious belief and spirituality, as defined by the person requesting or providing services; as a result, I agree to not engage in any proselytizing (converting) activities.

SIGNATURE _____ DATE _____

Application can be mailed to:

**Faith in Action
91 Town Square Place
Vacaville, CA 95688**

or

Application can be emailed to:

volunteerrecruiter2@faithinactionsolano.org