



Faith in Action of Solano County Volunteer Application Form

Faith in Action provides equal employment and volunteer opportunities to all employees, volunteers and applicants for employment and volunteering, and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

Name: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

May we call you at work? Yes No E-mail Address: _____

Why are you interested in volunteering with Faith in Action? _____

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

Employment/Experience (describe): _____

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 any of these populations before? (Please explain): _____

Availability: Mornings Afternoons Evenings Weekends Anytime

Please indicate the services you would like to provide:

- | | | |
|---|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Respite care | <input type="checkbox"/> Fall Prevention Coach |
| <input type="checkbox"/> Ride with Pride Dispatcher | <input type="checkbox"/> Phone Buddy calls | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Visitation | <input type="checkbox"/> In-Home Services Evaluator | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Senior Peer Counselor | <input type="checkbox"/> Administrative Office Help |
| <input type="checkbox"/> Grocery Shopping/Errands | <i>*1:1 or group counseling for volunteers age 60 & over</i> | <i>*Vacaville office only</i> |

Do you drive? Yes No Own your own car? Yes No

Driver's License Number: _____ State: _____ Expiration Date: _____



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Auto Insurance Carrier: _____ Policy #: _____

Insurance Coverage Limits: _____ Expiration Date: _____

**A copy of your proof-of-insurance is required*

Check the areas in which you are willing to work:

- Vacaville Suisun City Vallejo Rio Vista
- Fairfield Benicia Dixon

If needed, are you willing to consider a case outside of your immediate area? Yes No

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

A criminal history background check is required. Do you agree to this background check? Yes No

**Any information shared is strictly confidential. It is because we work with a vulnerable population that a background check is required. You will be asked to provide your social security number, which will not be kept on file.*

Please list **THREE** 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 Cell 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, I will provide services to Faith in Action’s target population to the best of my abilities. All information shared with me, whether by either the agency or the care receivers, will be kept confidential.

SIGNATURE: _____ Date: _____

Application may be mailed to: Faith in Action, 91 Town Square Place, Vacaville, CA 95688
or send via email to volunteerrecruiter2@faithinactionsolano.org