**Volunteer Application**

**Orientation Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Full Legal Name | First Middle Last |
| Preferred Name |  |
| Identify As: |  Male\_\_\_\_\_ Female\_\_\_\_\_ Non-Binary\_\_\_\_\_  |
| Ethnicity  |

|  |
| --- |
| White\_\_\_\_\_Black or African American\_\_\_\_\_ Bi-Racial or Mixed Race\_\_\_\_\_Asian, Asian American or Pacific Islander\_\_\_\_\_Hispanic or Latinx\_\_\_\_\_Other Minority\_\_\_\_\_Native American\_\_\_\_\_Prefer not to answer\_\_\_\_\_ |

 |
| Street Address |  |
| City, State, ZIP  |  |
| How long you have lived at current address? | Since Month\_\_\_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_\_ Previous Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  Phones | Day\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email |  |
| Emergency Contact  |   |
| Contact Phone  |  Contact Relationship |
| Date of Birth |  |
| Congregation NAME |  |

**Volunteer Positions**

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| \_\_\_ **Assessment Team** - initial visit and assessment of potential care receivers.  |
| \_\_\_ **Congregational Liaison** - ambassador between your congregation and Faith in Action.  |
| \_\_\_ **Friendly Visits/Phone Calls** – bi-monthly calls or visits to seniors needing companionship. \_\_\_ **Fundraising** - assistwith fundraising events (mum sale, etc.).**Grocery Shopping** **“Paired”-** bimonthlyshopper assigned to a care receiver (FOR or WITH). Must be 21 years old  or older to shop **with** a care receiver |
| \_\_\_ **Light Home Maintenance** - assist care receivers with light home maintenance (light bulbs, leaf raking).**­­**\_\_\_ **Transportation** - driving care receivers to doctor’s appointment, therapy, treatments. (Must be 21 years old or older**Transportation Desk** - work in the office entering appts. to RideScheduler software and phone work.  |
| **Volunteer Committee** – planning, decorating or serving at volunteer events.**Please list any skills, you would like to share with FIA**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please list your hobbies and interests**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **General Information**

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| --- | --- |
| Are you currently employed? | If yes, where No |
| Are you a State Farm Employee or Retiree? | Yes No |
| Are you a Country Companies Employee or Retiree? | Yes No |
| Are you a Caterpillar Employee or Retiree? | Yes No |
| Do you have Thrivent Insurance? | Yes No |
| Fully Covid vaccinated? | Yes No |
| Have you ever been convicted of a felony?  | Yes No |
| Do you speak another language?  | Yes (which) No |
| Would you be willing to provide long distance rides? i.e.: Peoria/Springfield/Chicago/Champaign? | Yes No  |
| What type of vehicle do you drive? | Sedan\_\_\_Sm SUV\_\_\_SUV\_\_Truck\_\_Compact\_\_Van­­­­­­\_\_\_\_\_\_ |
| Are you willing to receive calls for last minute rides? | Yes No |
| Driver’s License Expiration Date: |  |
| Auto Insurance Expiration Date: |   |
| Please list any physical limitations |  |

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**Availability**

Are you unavailable any time of the year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you become a Faith in Action driver, how would you like to be reminded of your rides?
Text Call Both text and call

**References**

Please provide the names and phone numbers of two nonfamilial character references.

1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent and Signature**

* I give Faith in Action consent to contact my employers and references and/or to conduct a background check. It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.
* I authorize Faith in Action to publish the words and/or photographs and videos taken of me, and my name, for use in Faith in Action printed publications, website and social media. Since my participation in publications and websites produced by Faith in Action is voluntary, I will receive no financial compensation. My participation in any Faith in Action promotions does not give me rights of ownership.
* I agree to keep confidential from outside sources all information and knowledge I may have regarding the care receiver for whom I am offering my services. I agree to obtain permission from my care receiver or their caregiver, whether oral or written, before I share information with any other persons, agency, or professional personnel on the care receiver's behalf. I agree to inform Faith in Action before making any contact with other agencies, organizations, or professionals on behalf of a care receiver. I further agree to inform Faith in Action if I am concerned about the physical, emotional, or mental state of a care receiver or if I believe the care receiver to be in physical harm due to self or others.
* I knowingly and freely assume all risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the Released Parties. I release Faith in Action from liability for any claims by me or any third party connected with my participation.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_