VOLUNTEER REGISTRATION FORM

PERSONAL INFORMATION
Name____________________________________________
Telephone (H)__________ (W)__________ Cell__________
Address__________________________________________
Email____________________________________________
Occupation_______________________________________

Volunteer interests (check all that apply):
__escort/transportation
__meal delivery
__help in FIACC office
__friendly visits
__help at Senior Center
__shopping/errands
__fund-raisers
__yard work/chores
__writing letters/reading
__respite visits
__minor home repairs
__telephone reassurance

Placement preference (check all that apply):
I can volunteer:
__once a week
__more than once a week
__as needed
__occasionally (every other week or once a month at most)
TIMES OF DAY: ___morning  ___mid-day  ___afternoon  ___evening
DAYS OF WEEK __Mon __Tues __Wed __Thurs __Fri __Sat __Sun

Matching Information:
General interests, skills, experiences, languages and hobbies:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Do you smoke?       __yes       __no
Are you allergic to pets?      __yes       __no
List any special considerations for your placement (distance from home, preference for age or gender of care recipient)?__________________________________________________________________
What do you anticipate will be the best aspect of volunteering for Faith in Action Community Connection?
________________________________________________________________________

**Screening information:**
Do you have a valid driver’s license?  __yes  __no
License number____________________________________
Insurance company__________________________________
Policy number_____________________________________

Have you ever been convicted for violation of any laws, traffic or otherwise? __yes  __no
If yes, please explain______________________________________________

Do you have any physical condition that may limit your volunteer activities? __yes  __no
If yes, please explain______________________________________________

**Emergency contact:**
Name____________________________________  Phone_____________  Relation____________

**References:**
Please list three persons we may contact who are not family members. You may include employers, teachers, religious leaders or others whose relationship to you is more than a personal friend.

Name____________________________________ Phone_____________ Relation____________
Address______________________________________________________________________

Name____________________________________ Phone_____________ Relation____________
Address______________________________________________________________________

Name____________________________________ Phone_____________ Relation____________
Address______________________________________________________________________

I hereby give Friends in Action permission to contact my references: to contact my employers, past and present, and to conduct a routine police check.

________________________________________  _______________________
Signature of volunteer  Date