



FRIENDS IN ACTION

P.O. Box 1446, 5 General Moore Way, Ellsworth, Maine 04605 Tel. 664-6016

For Office Use Only:
Approved for: _____
by: _____ date: _____

VOLUNTEER REGISTRATION FORM

Thank you for your interest in volunteering with Friends in Action. There are many different ways to help. Starting in 2016, we are conducting background checks on all prospective volunteers. We appreciate your understanding.

PERSONAL INFORMATION

Name (first) _____ Middle Initial _____ Maiden Name _____ Last _____

Telephone (H) _____ (W) _____ Cell _____ Date of Birth _____

Address (mailing) _____ ZIP _____

Address (physical) _____ ZIP _____

Email _____

BEST WAY TO COMMUNICATE: _____

Occupation _____

Volunteer interests (check all that apply):

- escort/transportation
- friendly visits
- fund-raisers
- respite visits
- meal delivery
- Senior Center
- yard work/chores
- minor home repairs
- help in FIACC office
- shopping/errands
- 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 Sunday

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 Friends in Action?

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 background check (for drivers this will include a drivers' record.)

Signature of volunteer

Date