



Volunteer Application

Last Name: _____ M.I. _____ First Name: _____

Birthdate: ____/____/____ Gender: ____ Male ____ Female

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____

Occupation: _____ Work Phone: (____) _____

Religious Affiliation: _____ Congregation: _____

Are you a Veteran: yes: ____ no: ____ Veteran Family Member: _____

Active Duty: ____ Military Family Member: _____

<u>Services You Can Provide</u>		
Client Contact:	<input type="checkbox"/> Paperwork & Bill Paying	Administrative Support:
<input type="checkbox"/> Transportation	<input type="checkbox"/> Friendly Visits/Phone Calls	<input type="checkbox"/> Clerical Assistance
<input type="checkbox"/> Shopping & Errand-Running	<input type="checkbox"/> Respite Care	<input type="checkbox"/> Public Speaking
		<input type="checkbox"/> Special Events

How did you hear about Interfaith Caregivers? _____

Volunteer Matching Questions:

1. Previous volunteer experience: _____

2. What skills could you contribute as a volunteer: _____

3. Hobbies, interests: _____

4. Do you smoke? Yes No Are you allergic to smoke? Yes No

5. Are you allergic to pets? Yes No What type of pets: _____

6. How far are you willing to drive? Reasonable Limit -OR- Miles From _____

7. Are you willing to drive out of Ozaukee County? Yes No Occasionally

8. Generally, when are you available? all year/seasons summer only other _____

9. Do you have a valid driver's license? Yes No

• Driver's License #: _____ • Car Make & Model: _____

• Expiration Date: _____ • Color: _____

10. Auto insurance company: _____

• Policy Number: _____ • Expiration Date: _____

11. Do you have any criminal charges pending against you? Yes No

12. Were you ever convicted of a crime? Yes No

13. Please check the days and times you prefer to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

In Case of Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Volunteer Recommendations

We are always in need of caring volunteers to assist our clients. Please provide contact information for any friends or family you believe would be a good fit as an Interfaith Volunteer. This will allow us to reach out to them and explain the flexibility of our program and the need for volunteers to assist seniors in our community. Thank you!

Name: _____ Phone: (_____) _____

Name: _____ Phone: (_____) _____

Understanding and Signature:

The information I have provided on this application is truthful and accurate to the best of my knowledge. I understand that a further review of my application may include a criminal background check conducted by Interfaith Caregivers of Ozaukee County. Furthermore, I understand that providing false information, omitting information or an unfavorable result of a criminal background check, may result in denial of volunteer service from Interfaith Caregivers of Ozaukee County.

Signature: _____ Date: _____

Please return this application to the address on the first page.

<i>For office use only</i>
Background check completed: _____
References called: _____
Approved: _____
Date orientation/training completed: _____