



Faith in Action Volunteer Application Form

Name _____ Date of Birth _____

Address _____ City/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Can we call work? Yes No E-Mail Address _____

How did you learn about Faith in Action? _____

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

Can you volunteer: 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"/> Senior Peer Counselor*
<i>1:1 or group counseling for volunteers age 60 and over</i> |
| <input type="checkbox"/> Ride with Pride Dispatcher | <input type="checkbox"/> Business Help | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Visitation | <input type="checkbox"/> Phone Calls | <input type="checkbox"/> Administrative Office |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Fall Prevention Coach | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Grocery Shopping/Errands | <input type="checkbox"/> In-Home Services Evaluator | |

Do you drive? Yes No Own a car? Yes No

CDL number _____ Expiration Date: _____

A copy of your license or state ID is required for our secure files.

Car Insurance Carrier _____ Policy # _____

Insurance Coverage Limits _____ Expiration Date _____

**A copy of your proof of insurance is required for our secured files.*



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Check areas in which you are willing to work:

- Vacaville Suisun Benicia Rio Vista
 Fairfield Vallejo 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 background check is required. Do you agree to have a 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 **five** 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, that 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**

Application can be emailed to:

volunteerrecruiter2@faithinactionsolano.org