



**FAITH
IN ACTION**

Faith In Action

705 South Buchanan Street
Prairie du Chien, WI 53821

Phone: 608 357-2361 or 888-340-6582

Fax: 608 357-2150 E-mail: faithinaction@mhtc.net

Volunteer Application

Today's Date _____ Date Orientation Completed _____

Name _____ Birth Date _____

(First)

(MI)

(Last)

Address _____

City/State/Zip _____

Phone Numbers Home _____ Work _____ Cell _____

E-mail Address: _____

Employer: _____ May we call you at work? Yes No

If you are volunteering through an organization, what organization are you affiliated with?

Occasionally our volunteers are recognized in newspapers or newsletters for their efforts. Do you give your permission for your name to be listed publicly as a Faith In Action Volunteer? YES NO

Services I would be willing to provide for a care receiver:

Housekeeping (light cleaning/laundry)

Laundry

Companionship (friendly visiting)

Shopping (errands with or for care receiver)

Meal Preparation (occasional)

Transportation (to or from appointments)

Assistance with Paperwork (letters, bills, etc)

Snow Removal

Raking leaves/ yard work

Mowing lawn

Phone calls (routinely for reassurance)

Respite Care (2-4 hr. break for caregiver)

Reading

Maintenance Skills:

Carpentry

Electrical

Painting

Plumbing

Small Appliance repair

Storms /screens

Other

Assistance I could provide the Faith In Action office:

Help with fundraising

Work on mailing projects

Serve on the Faith In Action Advisory Board

Typing/computer layout

Publicity/speaking

Serve on a committee

Services not listed I could provide: _____

My time commitment for volunteer service:

- I can volunteer once a week **OR** I can volunteer only once a month
- I prefer an ongoing assignment **OR** I prefer a short-term assignment

Times I am available for volunteering:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Times during the year when I am **NOT** available for volunteering:

Information helpful for matching:

Work background (current or previous) _____

Hobbies/Interests _____

Do you have any physical conditions that may limit activities? Yes No

Do you have any mental health concerns/diagnosis? Yes No

Do you have any bacterial infections/infectious diseases? Yes No

Please explain any "yes" answers above: _____

How did you hear about Faith In Action? _____

Assignment Preferences:

Concerns if matched with smoker? Yes No

Concerns if a pet in the home? Yes No Explain: _____

Concerns with gender of the care receiver? Yes No Explain: _____

For all those willing to provide transportation:

Valid driver's license Yes No What state do you hold a license in? _____

Driver's license number _____

Do you have any driving restrictions? _____

I will be driving: Sedan 2-dr. Sedan 4-dr. Mini van SUV Pickup

Do you have liability insurance equal to or greater than the minimum limits required by the State of WI and agree to keep that coverage on your auto while volunteering? Yes No

You will need to provide proof of valid car insurance: Please attach copy of insurance card (This can be done at your orientation)

Emergency Contact:

Name: _____ Phone: _____

Address: _____

SCREENING INFORMATION

Faith In Action-Crawford County takes seriously its obligation to provide a safe environment for all those involved in its activities. FIA will conduct a Wisconsin Department of Justice records check on all volunteer applicants. We also request the names of personal references. FIA will communicate the needs of the care receiver to the volunteer in advance of the assignment. Volunteers are asked to apply common sense and not undertake services that are unsafe or beyond reasonable expectations for the volunteer assignment that was outlined by the Program Director. Guidelines in the Volunteer Handbook are to be followed.

Personal References: (please list two non-family references)

Name _____ Relationship to you: _____

Address _____

(Street) (City) (State) (Zip Code) (PHONE NUMBER)

Name _____ Relationship to you: _____

(Street) (City) (State) (Zip Code) (PHONE NUMBER)

Background Information Disclosure

1. Do you have criminal charges pending against you? Yes No

If yes, please explain: _____

2. Were you ever convicted of any crime anywhere, including in federal, state, local or military and tribal courts? (include traffic violations) Yes No

If yes, please explain: _____

3. Are you registered with Wisconsin Corrections Services/Probation and Parole? Yes No

4. Were you ever known by any other names (including married or maiden names) Yes No

If yes, what names have you used? _____

I understand under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge. I also understand the screening requirements mentioned above, and authorize the Faith in Action-Crawford County to process the paperwork for the criminal background check and driver's license check and to contact my personal references.

(Applicant signature)

(Date)

I understand that a Faith In Action-Crawford volunteer or care receiver can be released from service within the sole discretion of the Program Director and without advance notice or without any opportunity to appeal the decision.

(Applicant signature)

(Date)

Liability Coverage

General Liability: I understand that I have coverage for my activities as a volunteer for Faith In Action-Crawford County as long as I am acting within the scope of the program’s activities.

Bondability:I understand that I am not bonded and that I should not handle money or property for the care receiver or the care receiver’s family.

Auto Insurance: I understand that I must provide my own automobile insurance and that the coverage provided by Faith In Action-Crawford County is excess auto insurance.

(Applicant signature)

(Date)

Confidentiality Agreement

All individuals serving in a volunteer position with Faith In Action–Crawford County are to respect the confidentiality rights of those receiving care through this organization. No volunteer is to disclose confidential information on any care receiver to any person who is not a Faith In Action staff person or a person specifically approved by the care receiver. Information regarding the care receiver is not to be shared with family members of the care receiver without authorization from the care receiver.

Volunteers are not to discuss confidential information concerning care receivers in circumstances where an unauthorized person may overhear the conversation. Volunteers are encouraged to use first names only when discussing situations involving care receivers. Names of care receivers are not to be mentioned in social settings or outside of normal day-to-day business operations of Faith In Action.

Confidential information on a care receiver includes the assessment/referral forms and all information contained in them, any supplemental records used to update a care receiver’s services, and any computer records maintained on the care receiver. It also includes any information received verbally from the care receiver and any information on the care receiver’s financial, family, medical or social situation. Any documents and information relating to a care receiver must be carefully safeguarded and released only to authorized persons. Relating confidential information via e-mail is discouraged. First names only should be used in e-mail messages.

When it is appropriate to share information with or to refer to another agency or service provider, an official release of information is required before contact is made to the referral agency or service provider. This contact with another agency will be done by the Program Director only. Signs of elder abuse that is either suspected or observed should be reported to the Faith In Action program director.

All volunteers share the responsibility of adhering to and enforcing the confidentiality policy. Conflict should be brought to the attention of the Program Director. All volunteers are required to sign this agreement and will be informed of this policy during orientation time.

(Applicant signature)

(Date)