



FAITH  
IN ACTION

Faith in Action of Wright County  
PO Box 613, Buffalo, MN 55313  
(763) 234-3586

### Volunteer Application

**Personal information:**

Cell phone \_\_\_\_\_  
Name: \_\_\_\_\_ Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_ Congregation affiliation (optional): \_\_\_\_\_  
Occupation: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Type of vehicle you drive: \_\_\_\_\_

**Volunteer options:**

- friendly visits       yard work       shopping/errands
- escort/transportation       light housework       writing letters/reading
- respite care       minor home repairs       telephone reassurance
- meal preparation       help in FIA office       other: \_\_\_\_\_
- fundraisers       public speaking       other: \_\_\_\_\_

**Placement preference:**

Please check all that apply:

I can volunteer:     once a week     more than once a week     as needed     other

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun
Morning							
Afternoon							
Evening							

**Matching information:**

General interests, skills, volunteer experience, languages, and hobbies: \_\_\_\_\_

Do you smoke?       yes       no

Are you allergic to pets?       yes       no

I prefer to volunteer:       wherever needed       through my congregation only

List any special considerations for your placement (distance from home, preference for age or gender of care receiver)? \_\_\_\_\_

What reservations, if any, do you have about volunteering with *Faith 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 describe: \_\_\_\_\_

**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 my consent for Faith in Action to contact my references: to contact my employers, past and present; and to conduct a routine police check.***

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*