



**FAITH
IN ACTION**

VOLUNTEER APPLICATION

Personal Information:

Last Name:		First Name:	
Birth Date:		Email:	
Address:		Phone (h):	
TnStZip:		Phone (w)	
Occupation:		Congregation affiliation (optional)	
Volunteer Options (Please check all that apply):			
<input type="checkbox"/>	Friendly Visit	<input type="checkbox"/>	Organizing Bills
<input type="checkbox"/>	Escort/Transportation	<input type="checkbox"/>	Shopping/Errands
<input type="checkbox"/>	Respite Care	<input type="checkbox"/>	Yard Work
<input type="checkbox"/>	Light Meal Preparation	<input type="checkbox"/>	Friendly Visit on the Phone
<input type="checkbox"/>	Organizing House	<input type="checkbox"/>	Correspondence Writing/Reading
<input type="checkbox"/>	Thanksgiving Meal Prep	<input type="checkbox"/>	Spiritual Care
<input type="checkbox"/>	Thanksgiving Meal Transportation	<input type="checkbox"/>	Help in FIA Office
<input type="checkbox"/>	Light Housekeeping	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Minor Home Repairs	<input type="checkbox"/>	Other:
<input type="checkbox"/>		<input type="checkbox"/>	

Placement Preference – Select appropriate frequency of service

<input type="checkbox"/>	Once a month	<input type="checkbox"/>	Once a week	<input type="checkbox"/>	As needed
<input type="checkbox"/>	Every other week	<input type="checkbox"/>	Other: (specify)		

Please enter “OK” in boxes that you are available and “X’s” in boxes that you are NOT available.

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Matching information:

Do you smoke?	
Are you allergic to pets?	
List any special considerations for your placement (distance from home, preference for age or gender or care receiver.	
What reservations, if any, do you have about volunteering with <i>Faith in Action</i> ?	

Screening Information:

Do you have a valid Driver's License?		License #:	
Insurance Company:		Policy #:	
Have you ever been convicted for violation of any laws, traffic or otherwise?			
If yes, please explain:			
Do you have any physical condition that may limit your volunteer activities?			
If yes, please explain:			
Emergency Contact:	Relation:	Phone:	

Please list three (3) persons we may contact who are not family members. You may include employers, teachers, religious leaders, or other whose relationship to you is more than a personal friend.

1. Name: _____ Phone: _____ Relation: _____
Address: _____

2. Name: _____ Phone: _____ Relation: _____
Address: _____

3. Name: _____ Phone: _____ Relation: _____
Address: _____

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

Signature of Applicant

Date

Mail to:
DECCF Volunteer Coordinator
240 N. James Street
Suite B1B
Wilmington, DE 19804