

Volunteer Application FIA of Edgar County

*Please note that fields marked with an * are required.*

Today's Date: _____

Date ready to start volunteering: _____

Completed Faith in Action of Edgar County Training?

Not Yet Yes
(If "yes" – which date: _____)

I. Personal Information

* First Name: _____

* Last Name: _____

* Address 1: _____

Address 2: _____

* City: _____

County: _____

* State: _____ * Zip Code: _____

* Home Phone: _____

Work Phone: _____

(If we may call at work.)

Best time to call? _____

E-mail Address: _____

* Date of Birth: _____

*Sex: _____ Race: (optional) _____

Religious Affiliation: _____

Church/Congregation: _____

Retired: Yes No

II. Emergency Contact Information

* First Name: _____

* Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____

* Phone (Day): _____

* Phone (Night): _____

E-Mail: _____

* Relationship of Contact: _____

III. How you learned about FIA of Edgar County:

- Congregation
- Friend
- Employer
- Newspaper
- Agency
- Professional Organization
- School
- Other: _____

IV. Employment Information

Present or Previous Occupation:

Present or Previous Employer: _____

 Work Phone: _____
 (if we may call you at work)

General Work Hours: _____

V. Choices for Volunteer Assignments
 (Check all that interest you)

- Friendly Visit
- Fund Raising Events
- Home Repairs
- Cleaning
- Information & Referral
- Help in Faith in of Action Edgar County Office
- Respite Care
- Shopping Assistance
- Telephone Visits
- Transportation
- Special Events: Volunteer Recognition
- Other: _____

Can you volunteer in a home with pets?
 Yes No

Can you volunteer in a home with stairs?
 Yes No

Do you require a smoke-free placement?
 Yes No

**VI. When are you available to volunteer?
 (Generally)**

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. Other Information - Please list your interests, hobbies, musical instruments, etc.

List any previous volunteer experience:

Why do you want to volunteer with Faith in Action of Edgar County?

Do you want to only volunteer with a partner?
 No Yes (If Yes, give info below)

Name: _____
 Address: _____

 Phone: _____

Do you have any physical limitations or considerations, such as distance from home, which would influence your volunteer placement?
 No Yes (If Yes, please explain below)

Have you ever been convicted for violation of any laws, traffic or otherwise? *Applicants will be requested to consent to a background screening.

No Yes (If Yes, please explain below)

VIII. Two Current Non-Family References:

1. * Name : _____
 Address : _____

* Phone: _____
 2. * Name: _____
 Address : _____

* Phone: _____