



FAITH IN ACTION® WASHBURN COUNTY

Providing Hope through Service
(715) 635-2252

New Volunteer Application

Personal Information

Today's Date: _____ Date of Birth : ___/___/19___ (necessary for background check)

Name: (full legal name including middle) _____

Address: _____

(Street)

(City)

(Zip Code)

Additional address if seasonal: _____

Church and/or Organization Affiliations: _____

Employment Status: _____

Contact Preferences

Please contact me with possible volunteer opportunities in the following method(s):

Home Phone _____

Home Email _____

Work Phone _____

Work Email _____

Mobile Phone _____

Other _____

Emergency Contact: _____

(Name)

(Relationship to You)

(Phone number(s))

Volunteer Activity

Would you prefer helping with an ___ on-going need, or a ___ one-time need? Or both? ___

What is motivating you to volunteer with our organization? _____

Current volunteer activity outside of Faith in Action (frequency and activity)...

Creating a Good Match

Education and/or Work background: _____

Hobbies/Interests: _____

Please list any conditions for recipient matches, for example: pet allergies, smoking, male or female preference: _____

Activity Preferences

Please indicate your top choices with a 1,2 and 3 and additional choices with "x"

(Some physical ability required)

- Home repair (indoor)
- Home repair (outdoor)
- Construction (wheel chair ramps, etc.)
- Yard work (raking, mowing)
- Snow shoveling
- Other: _____

(Little or no physical ability required)

- Local Transportation *for appointments only*
- Local Transportation *with shopping assistance*
- Long Distance Transportation *(20+ miles)*
- Delivery of food or other essentials
- Paperwork assistance (bills, correspondence)
- Break for caregiver
- Housekeeping (light cleaning/laundry)
- Meal preparation
- Friendly visiting
- Telephone companionship
- Other: _____

Other ways to volunteer with our organization:

- Office administration
- Fundraisings Event support
- Assist in office with large mailings
- Involvement on Board of Directors

Transportation

Providing transportation to recipients is an optional service. Please include the following information if you DO intend to drive recipients as part of your volunteer service:

Type of vehicle you will be driving: _____

Accessibility in/out of vehicle for individuals using walkers, canes, or limited mobility;/range of motion: _____

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

Please bring your driver's license and auto insurance card with you to to your volunteer interview to be photocopied

Location Preference

Check all locations you wish to serve:

- Birchwood
- Sarona
- Spooner
- Springbrook
- Shell Lake
- Minong
- Trego
- I can volunteer anywhere within Washburn County
- It depends on the service needed

Availability

I would like to volunteer approx. _____ hours per week.

I *cannot* volunteer on a weekly basis, but would like to volunteer approx. _____ hours per month.

Please indicate times you can typically volunteer with "x"

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |

My availability changes from week to week, please contact me as a volunteer opportunities arise.

Volunteer Screening

Every volunteer must pass through a criminal background check in order to ensure the safety of those we help. This information will remain confidential and will not be used for any other purpose or shared unless prior permission is given.

Has any other local organization conducted a background search for you in the last 5 years might share their search results with FIA in order to minimize costs? If yes, please list: _____

Do you currently have criminal charges pending against you *or* were you ever convicted of any crime anywhere, including in federal, state, local or military and tribal courts? Yes No

If yes, please explain: _____

Have you resided outside of Wisconsin in the last 10 years? Yes No

If yes, list the state(s) and your date(s) of residence: _____

Do you allow us to conduct a search in the past state(s) of residence? _____

Personal References

Please provide us with the contact information of three individuals you know.

Please include no more than one family member. Only include a work phone number for individuals with whom it is appropriate for us to contact at work.

Name _____ Phone (cell) _____ (home) _____ (work) _____

Relationship: _____

Name _____ Phone (cell) _____ (home) _____ (work) _____

Relationship: _____

Name _____ Phone (cell) _____ (home) _____ (work) _____

Relationship: _____

New Volunteer Agreement

Confidentiality

1. I understand and agree that in performing my duties as a volunteer, I must maintain and safeguard the confidentiality of both care receiver information and information I obtain through my activities as a volunteer with Faith in Action Washburn County.

Confidential data and information includes:

- Data or information which identifies a care receiver or their family
- Recipient's admission to or use of health care services and all information and records compiled or maintained by staff or me while providing service
- Faith in Action- Washburn County policies, procedures, standards and materials.

2. I agree not to divulge, publish or otherwise make known to unauthorized persons or to the public any identifiable information which is obtained in the course of my services as a volunteer.

3. I understand that disclosure to Faith in Action is beneficial to the recipient and is not prohibited.

4. I recognize that unauthorized release of confidential information may result in legal penalties including possible fines or lawsuits by the recipient or their family. As a volunteer I understand that I may be terminated if I disclose confidential information without the care receiver's written authorization.

Liability Coverage:

Negligence and general liability: I understand that I have coverage for my activities as a volunteer for Faith in Action Washburn County, as long as I am acting within the scope of the Faith in Action Washburn County volunteer program.

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 Washburn County is excess auto insurance.

I attest that to the best of my knowledge the information provided in my application is complete and accurate and I agree to the above policy.

I allow permission of my name and/or photo image to be used in FIA materials, including but not limited to: newspaper articles, newsletters, brochures, Facebook posts, etc **Yes** **No**

Signature of Volunteer

Printed Name

Date

If you have already scheduled your volunteer interview, please bring this form with you to your appointment at our office.

Our office located in Trinity Lutheran Church at 1790 Scribner St, Spooner.
To make an appointment for your interview, please call us at (715) 635-2252.

Email: fiawashburn@gmail.com or fiawashburndirector@gmail.com

Mailing address: PO Box 387, Spooner, WI 54801