

NEIGHBOR TO NEIGHBOR  
FAITH IN ACTION - WASHBURN COUNTY  
**Volunteer Application**



**Name** *(printed full legal name)* \_\_\_\_\_ **Date of Birth** \_\_\_ / \_\_\_ / \_\_\_

**Name Preferred** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Home Address**

\_\_\_\_\_ *(Street)* \_\_\_\_\_ *(City)* \_\_\_\_\_ *(Zip Code)*

**Seasonal Address**

\_\_\_\_\_ *(Street)* \_\_\_\_\_ *(City)* \_\_\_\_\_ *(Zip Code)*

**Which months do you reside in this area?** From \_\_\_\_\_ until \_\_\_\_\_

**Which address do you prefer we use if sending you mail?** Permanent / Seasonal *(Please circle)*

**Contact Preferences** *(regarding volunteer opportunities)*  Phone Call  OK to leave messages  Text  email

**Emergency Contact**

\_\_\_\_\_ *(Name)* \_\_\_\_\_ *(Relationship to you)* \_\_\_\_\_ *(Phone Number/s)*

\_\_\_\_\_ *(Name)* \_\_\_\_\_ *(Relationship to you)* \_\_\_\_\_ *(Phone Number/s)*

**Employment**

Are you currently employed  Yes  No

If yes, Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Dates Employed in this Position: \_\_\_\_\_

**Educational Background**

School \_\_\_\_\_ Years Attended \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_ Degree Earned \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Volunteer Experiences (Current or Past)

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### Creating a Good Match with Program Participants

*Check all locations you wish to serve:*

- |                                    |                                     |                                     |                                    |                                    |                                      |
|------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Birchwood | <input type="checkbox"/> Madge      | <input type="checkbox"/> Long Lake  | <input type="checkbox"/> Sarona    | <input type="checkbox"/> Barronett | <input type="checkbox"/> Shell Lake  |
| <input type="checkbox"/> Bashaw    | <input type="checkbox"/> Spooner    | <input type="checkbox"/> Evergreen  | <input type="checkbox"/> Casey     | <input type="checkbox"/> Trego     | <input type="checkbox"/> Brooklyn    |
| <input type="checkbox"/> Chicog    | <input type="checkbox"/> Minong     | <input type="checkbox"/> Frog Creek | <input type="checkbox"/> Gull Lake | <input type="checkbox"/> Stinnett  | <input type="checkbox"/> Springbrook |
| <input type="checkbox"/> Bass Lake | <input type="checkbox"/> Stone Lake | <input type="checkbox"/> Crystal    |                                    |                                    |                                      |

### Volunteer Program(s) of Interest \* Some physical ability required

- |   |  |
|---|--|
| <input type="checkbox"/> Delivery of 32 pound Stockbox (1st Tues. of each Month)* | <input type="checkbox"/> Lawn Mowing*                                |
| <input type="checkbox"/> Food pantry pick-up and delivery (Thurs.)*               | <input type="checkbox"/> Snow Shoveling*                             |
| <input type="checkbox"/> Grocery Grabbers pick-up and delivery (Tuesdays)*        | <input type="checkbox"/> Seasonal Yard Clean-up*                     |
| <input type="checkbox"/> Transportation   | <input type="checkbox"/> Books on Rails (deliver library materials)  |
| <input type="checkbox"/> Check-In/Reassurance Phone Calls                         | <input type="checkbox"/> Fishing (Reelin' in the Memories)           |
| <input type="checkbox"/> Friendly Phone Calls, Friendly visits                    | <input type="checkbox"/> Assist at a booth to raise awareness of N-N |
| <input type="checkbox"/> Tech Support (teaching basic iPad - tablet/phone skills) | <input type="checkbox"/> Lead crafts/games for participants          |
| <input type="checkbox"/> Write articles about activities happening at N-N         | <input type="checkbox"/> Fundraising events                          |
| <input type="checkbox"/> Assist with large mailings                               | <input type="checkbox"/> Other ideas: _____                          |

### What are your Hobbies/Interests

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Please list any conditions for participant matches, for example: pet allergies, smoking/non-smoking, male/female preference, etc.

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Should we be aware of any limitations affecting your ability to volunteer for specific tasks? If so, please describe it here (this information is for office staff only and is kept confidential):

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### Volunteer Screening

Due to the nature of the work that we do, we must ensure that all volunteers and participants are safe and reliable individuals. With that in mind, we will require background checks for every volunteer and participant. We also ask that every volunteer notifies the Office Staff if new charges/convictions are brought forth during the time you're an active volunteer with Neighbor to Neighbor.

Your signature on page 4 indicates you understand and agree to this.

Background Check Completed: \_\_\_\_\_  Yes  No  Copy on file (renew every 3 years)  
(date)

## Personal References

Please provide contact information for three individuals (non-relatives) who can vouch for your reputation, character, and morals. These individuals must know you well enough to complete a reference questionnaire.

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (cell) \_\_\_\_\_ (home) \_\_\_\_\_

## Use of Personal Car *(Please include the following information if you will be driving as part of your volunteer service.)*

Type of vehicle you will be driving: \_\_\_\_\_

Do you have a driver's license?  Yes  No  Copy on file

Do you have access to a vehicle?  Yes  No  Copy on file

Do you have insurance  Yes  No  Copy on file renew yearly

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

***Please bring your driver's license and proof of automobile insurance to your volunteer interview to be photocopied.***

## Publicity/Photo Release

I authorize Neighbor to Neighbor (Faith In Action) Washburn Co. to release my photo, video image, and/or information regarding my experiences with the Neighbor to Neighbor program for use in promotional materials, written and digitally.  Yes  No

We will use first name only. Unless you request otherwise. Additional comments &/or limitations regarding publicity, including photos:

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## Confidentiality and Release of Information

*Please read all statements before signing:*

- I hereby authorize Neighbor to Neighbor (Faith In Action-Washburn Co.) to contact the above references to conduct any investigation necessary to determine if I can become a volunteer.
- I certify that my statements in this application are true, complete, and correct to the best of my knowledge and belief.
- I understand that Neighbor to Neighbor (Faith In Action-Washburn Co.) will not monetarily compensate me for the hours that I donate as a volunteer.

- 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 Neighbor to Neighbor - Washburn County.
- 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.
- I recognize that unauthorized release of confidential information may result in legal penalties including possible fines or lawsuits by the participant or their family. As a volunteer, I understand that I may be terminated if I disclose confidential information without the participant’s or their guardian’s written authorization.

**Liability Coverage**

**Negligence and general liability:** I understand that I have coverage for my activities as a volunteer for FIA-Neighbor to Neighbor - Washburn County, as long as I am acting within the scope of the FIA-Neighbor to Neighbor - 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 have my automobile insurance and provide proof of insurance.

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<b>Signature of Volunteer</b>	<b>Printed Name</b>	<b>Date</b>
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Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If the person is under 18 years of age)*

***If you have already scheduled your volunteer interview, please bring this form, your driver's license, and proof of auto insurance to your appointment at our office.***

To schedule an appointment for your interview:  
Contact us at (715) 635-2252.  
407 N Front Street - Suite 2, Spooner, WI 54801

Email: [fiawashburndirector@gmail.com](mailto:fiawashburndirector@gmail.com)

*(The most direct entrance to our office, is through the rear of the building with parking available in the Bowling Alley parking lot)*