



of Washington County

Volunteer Application

(Please print)

***= REQUIRED INFORMATION**

Date: _____

*Name: _____ Birth date: _____

*Address: _____

*City/State/Zip: _____

Home Phone: _____ Work Phone: _____

(Only provide # if able to contact you at work)

Cell Phone: _____ Email: _____

Does your cell phone accept text messages? _____ yes _____ no

Best time to reach you? _____ Where did you hear about us? _____

Gender (circle): Male / Female Congregation: _____

(This is helpful when we meet with area church leaders.)

Are you volunteering with a group? If so, what is the group's name? _____

***Emergency Contact:**

Name and Relationship _____

Address _____

City/State/Zip _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

How did you hear about Interfaith Caregivers? _____

Previous volunteer experience (identify agency and type of activity): _____

Work Experience

Please list the names and addresses of your employers and job descriptions for the last five years. If none, leave blank.

Employer Name, Address, Phone	Dates Employed	Job Title/Duties

***Volunteer Interests (Check all that apply)**

Transportation to

- Healthcare Appointments
- Grocery Shopping

Office Assistance

- Data Entry

Seasonal

- Snow Removal
- Lawn Mowing
- Leaf Raking
- Window Washing

Client Socialization

- Phone Reassurance
- In-home visits

In-Home Services

- Minor Home Repairs
- Housekeeping
- Meal Preparation

Your preferences for being matched with a client

Pets?

- _____ No dogs
- _____ No cats
- _____ No birds
- _____ No pets of any kind

Smoking?

- _____ non-smoker only
- _____ does not matter

Language (Describe any second/third language proficiencies): _____

Other information about you that would help us place you as a volunteer (physical or medical limitations, education, skills, general interests, hobbies, etc)

Transportation Volunteers

Driver's License Number _____ State _____ Exp date _____

If you are volunteering to drive to medical appointments, would you be using your own vehicle?

Yes

No (please skip to the next section "**Availability**")

Auto Insurance Company _____ Policy No _____ Exp date _____

Model year _____ Make _____ Model _____

License Plate # _____ State _____ Number of passengers your vehicle seats _____

Do you have any driving restrictions? _____

How many miles are you willing to travel? _____

*If you will be using more than one personal vehicle, please list the additional vehicle's information on a separate piece of paper.

Availability:

Please list the times you are typically available to volunteer

Day	Time	
	From	To
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Please indicate how frequently you would be available to volunteer:

- As often as needed
- 3 times/week
- 2 times/week
- 1 time/week
- 1 time/2 weeks
- 1 time/month

May we contact you for last minute requests or to fill in for a sick driver? _____yes _____no

Please return Volunteer Application and Volunteer Agreement to:

Interfaith Caregivers of Washington County

P.O. Box 1143

West Bend, WI 53095

262-365-0902

www.interfaithwashco.org

Background Information Disclosure

Please answer the following questions as completely and accurately as possible. Answering affirmatively to any questions will not necessarily bar you from volunteering with Interfaith Caregivers of Washington County. However, failure to comply with these requirements, or providing false information, will likely result in denial or termination of volunteer activities.

Name (first, middle and last) _____

Any other names by which you have been known (including maiden name) _____

Birth Date _____ Gender (circle) M F

1. Do you have criminal charges pending against you or were you ever convicted of any crime (not including traffic violations) anywhere, including federal, state, local, military and tribal courts? Yes ___ No ___ If yes, list each crime, when it occurred or the date of conviction and the city and state where the court is located. You may be asked to supply additional information including certified copy of the judgment of conviction, a copy of the criminal complaint, or any other relevant court or police documents.

2. Has any government regulatory agency (other than the police) ever found that you abused or neglected any person or client? Yes ___ No ___ If yes, explain, including when and where it happened.

3. Has any government regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client? Yes ___ No ___ If yes, explain, including when and where it happened.

4. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients? Yes ___ No ___

5. Have you resided outside of Wisconsin in the last three years? Yes ___ No ___ If yes, list each state and the dates that you lived there.

I submit that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information will result in denial of or termination of volunteer activities, and other penalties as provided under the law.

Printed Name: _____

Signature: _____

Date: _____

VOLUNTEER AGREEMENT

Thank you for applying to be a volunteer with Interfaith Caregivers of Washington County, Wisconsin (“Interfaith”). Please read and agree to the following:

- 1) Please note that, if your application is accepted, you will be a volunteer and not an employee of Interfaith.
- 2) Criminal background checks may be conducted on volunteers. I authorize Interfaith to conduct such a check. All information collected during the check will be kept confidential.
- 3) I authorize the release of information to Interfaith related to my potential volunteer responsibilities and I release all parties from any liability resulting from the release of such information.
- 4) **CONFIDENTIALITY:** It is imperative that all information regarding an Interfaith service receiver be treated with the utmost confidence and such information may only be released to anyone (including family members) with proper authorization. These restrictions include all types of communication: verbal, written and electronic, including social media.
- 5) I agree to abide by all Interfaith policies and procedures during my participation as an Interfaith volunteer. Participation as an Interfaith volunteer may be terminated at any time due to failure to comply with Interfaith policies and procedures.
- 6) I release Interfaith, it employees, agents, volunteers, donors and sponsors from any and all claims resulting from my participation as a volunteer with Interfaith.
- 7) I consent and **agree** that Interfaith Caregivers of Washington County may use my name, photograph or likeness in any form of publicized material unless **agree** is stricken.

I have read and understand this Volunteer Agreement.

Printed Name: _____

Signature: _____

Date _____