



P.O. Box 1143  
 West Bend, WI 53095  
 (262) 365-0902

[www.interfaithwashco.org](http://www.interfaithwashco.org)

# Volunteer Application

(Please print)

**\*= REQUIRED INFORMATION**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<p><b>RSVP ~ Interfaith</b>          (Retired Senior Volunteer Program)          Are you over the age of 55? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please check with the Interfaith Caregiver Team          about the benefits of being an RSVP Volunteer.</p>
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\*Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_ \*First Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/State/Zip: \_\_\_\_\_

\*Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
(Only provide # if able to contact you at work)

\*Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Accept text messages?  Yes  No

Email: \_\_\_\_\_

Best time to reach you? \_\_\_\_\_ Where did you hear about us? \_\_\_\_\_

Gender:  Male  Female Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 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? \_\_\_\_\_

How did you hear about Interfaith Caregivers? \_\_\_\_\_

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

**Emergency Contact:**

\*Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_ \*First Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City/State/Zip: \_\_\_\_\_

\*Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_



**Work and/or Volunteer Experience**

Please list the names and addresses of your most current employers and/or volunteer opportunities. Also include job descriptions or programs that you assisted with 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:**

- Medical Appointments
- Grocery Shopping

**Office Assistance:**

- Data Entry
- Phone Calls

**h.e.i.p. Corner:** \_\_\_\_\_

**Seasonal:**

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

**Client Socialization:**

- Phone Reassurance
- In-home visits
- Caregiver Canines

**In-Home Services:**

- Minor Home Repairs
- Housekeeping
- Meal Preparation

**Do you smoke?**  Yes  No **Would you prefer a**  non-smoker – OR –  does not matter

**Are you a military veteran?**  Yes  No Which branch did you serve? \_\_\_\_\_

**Are you allergic to pets?**  Yes  No

Would you prefer:  No dogs  No cats  No birds  No pets of any kind

**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 #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**State Issued:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

If you are volunteering to drive to medical appointments, would you be using your personal vehicle?  
 Yes  No (please skip to the next section **Availability**)

**Auto Insurance Company:** \_\_\_\_\_

**Policy No:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Vehicle Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**License Plate #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Number of passenger seats:** \_\_\_\_\_

**Do you have any driving restrictions?** \_\_\_\_\_

**How many miles are you willing to travel?** \_\_\_\_\_

**Travel outside Washington County?**  Yes  No

*\*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 emergencies?  Yes  No



## 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):  
 \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **Gender:**  Male  Female

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's employees, agents, volunteers, donors and sponsors from any and all claims resulting from my participation as a volunteer with Interfaith.
- 7) I consent to having Interfaith Caregivers of Washington County use my name, photograph, or likeness in any form of publicized material.  **Yes**  **No**

I have read and understand this Volunteer Agreement.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_