



Volunteer Application

(Please print)

Date: ____ / ____ / ____

* = REQUIRED INFORMATION

*Last Name: _____ M.I. _____ *First Name: _____

*Address: _____

*City _____ State _____ Zip: _____

*Cell or Preferred Phone: (_____) _____ Accept text messages? Yes No

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

Email: _____

Best time to reach you? _____

Gender: Male Female Birthdate: ____ / ____ / ____

RSVP - Interfaith
 (Retired Senior Volunteer Program)

Are you age 55 or over? Yes No

If yes,

We will tell you about the benefits of being an
 RSVP Volunteer!

Are you volunteering with a group? No Yes, Group Name _____

How did you hear about Interfaith Caregivers? _____

Previous volunteer experience:
(who was it with / type of activity / what did you enjoy most?)

Other information about you that you would like to share - education, skills, special interests, hobbies, 2nd language, etc.
(This will help us match you to volunteer opportunities!)



Please share your current work experience, who it is with and/or work history you would like us to know about.
(This will help us match you to volunteer opportunities!)

Do you have physical conditions/limitations that we should know about?

Do you smoke? No Yes I would prefer volunteer opportunities with a non-smoker does not matter

Are you a military veteran? No Yes, which branch did you serve? _____

Any allergies we should know about? No Yes _____

If you volunteer in a senior's home, would you prefer: No dogs No cats No birds No pets any pet is fine

Emergency Contact:

*Last Name: _____ M.I. _____ *First Name: _____

Relationship: _____

**Address: _____ City _____ State _____ Zip: _____

*Home Phone: (_____) _____ Cell Phone: (_____) _____

Transportation Volunteers:

Driver's License #: _____

State Issued: _____ **Expiration Date:** _____ / _____ / _____

Will you be using your personal vehicle? Yes No (you do not need to fill out the information below)

Auto Insurance Company: _____

If you have insurance questions, these will be covered at your volunteer orientation.

Policy No: _____ Expiration Date: _____ / _____ / _____

Vehicle Make: _____ Model: _____ Year: _____

License Plate #: _____ State: _____ Exp. Date _____ 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 using more than one personal vehicle, please list the additional vehicle's information on a separate piece of paper.*



Volunteer Opportunities

Please check all that apply or if you are interested in learning more!

Volunteer Driver: *Rides to critical services like doctor appointments, pharmacy, exercise, grocery store & food pantry. Please check all you are interested in*

- Drive my personal vehicle
- Drive an Interfaith van (minivan, no special license required)
- Drive our wheelchair clients (in an Interfaith van – we will train you!)
- Drive for Meals on Wheels delivery (Germantown route only)
- Deliver Stock boxes to homebound seniors from the food pantry

“Helping Hand” Volunteer:

I am interested in these individual “helping hand” volunteer opportunities. Please check all you are interested in.

- Companionship Visits
- Interfaith Canine Visits (must have registered therapy dog)
- Grocery Shopping – for or with
- Lawn Mowing
- Snow Shoveling
- Garbage “Can to Curb”
- Friendly Phone Calls
- Meal Preparation & Delivery
- Light Housekeeping
- I could help with a minor home repair/project: _____

Kindness Crews:

I am interested in being part of a “Kindness Crew” group volunteer opportunity, call me when group opportunities become available for:

- Spring / Fall “Outside” Clean-up (may include leaf raking, minor trimming, weeding, etc.)
- Spring / Fall “Inside” Clean-up (may include dusting, vacuuming, floor/window washing, etc.)
- Minor home projects
- Moving Team
- Meal preparation & delivery
- I would like more information on “Kindness Crew” opportunities for my church, business, civic or youth group.

H.e.l.p. Corner

Opportunities at our health equipment lending program: customer assistance at the help Corner store in West Bend or Hartford, equipment repair & maintenance, warehouse, data entry, community awareness!

- I am interested in volunteering at h.e.l.p. Corner West Bend Hartford

Other Volunteer Opportunities:

- Interfaith’s office (answering phones, data entry, calling senior clients)
- Call me for “special projects” – like mailings, data entry, etc.
- Special events and community outreach events (fundraisers, farmer’s markets, fairs, etc.)



Availability:

Please list the days/times you may typically be available to volunteer:

| Day | Time | |
|-----------|------|----|
| | From | To |
| Sunday | | |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |

Please indicate how frequently you may be available to volunteer:

- As often as needed
- 3 times/week
- 2 times/week
- 1 time/week
- Twice a month
- 1 time/month
- Other _____
- Not sure at this point!

May we contact you to fill in for last minute requests? Yes No
 (ex. A driver is ill and cannot fulfill a ride obligation)

~ Optional ~

I am a member of a religious and/or civic organization No Yes

Name of religious and/or civic organization _____

I have a connection to the following school and/or business _____

Anything else to share that may help Interfaith build or improve our community relationships?

Thank you, we value your input!



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.

Full 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 a 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 your application to volunteer with Interfaith Caregivers of Washington County, Wisconsin. 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, its 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: ____/____/____

Revised 7/8/2022