



P.O. Box 1143  
 West Bend, WI 53095  
 (262) 365-0902  
[www.interfaithwashco.org](http://www.interfaithwashco.org)

# 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

\*Alternative: (\_\_\_\_) \_\_\_\_\_ Best time to reach you? \_\_\_\_\_

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

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female  Prefer not to say

## AmeriCorps Seniors – RSVP (Retired Senior Volunteer Program)



**AmeriCorps  
Seniors**

Are you age 55 or over?  Yes  No If YES,

Learn the benefits of being an  
AmeriCorps Senior - RSVP Interfaith Volunteer!

AmeriCorps Seniors RSVP program pairs thousands of Americans aged 55 and older with organizations making change in communities across the country.

<https://americorps.gov/serve/fit-finder/americorps-seniors-rsvp>

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



How did you hear about Interfaith Caregivers?

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Previous volunteer experience?  
*(ex. - type of activity / what did you enjoy most?)*

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Special interests, education, skills, hobbies, 2<sup>nd</sup> language you would like to share?  
*(Help us match you to volunteer opportunities!)*

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Any current work experience, employer and/or work history you would like us to know about?  
*(Help us match you with volunteer opportunities!)*

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Physical conditions/limitations we should know about?

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I would prefer volunteer opportunities with a  non-smoker  does not matter

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

Allergies we should know about?  No  Yes \_\_\_\_\_

If volunteering in a senior's home, I would prefer:  No dogs  No cats  No birds  No pets  No firearms

**Emergency Contact:**

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

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

\*Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

\*Primary: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternative: ( \_\_\_\_\_ ) \_\_\_\_\_



**Volunteer Opportunities** *Check all that you are interested in OR to learn more!*

**Volunteer Driver:**

- Interfaith Van (minivan, no special license required)
- Interfaith Van - wheelchair clients (minivan- we will train, no special license required)
- My personal vehicle
- Meals on Wheels delivery (MUST USE Interfaith vehicle)
  - Germantown area  Kewaskum area  Both areas
- Food Delivery - from food pantry

**Individual Opportunities:**

- Companionship Visits
- Interfaith Canine Visits (must have registered therapy dog)
- Grocery Shopping - for or with the client
- Lawn Mowing (client provides equipment)
- Snow Removal (client provides equipment)
- Garbage "Can to Curb"
- "Kindness Calls" - friendly phone calls
- Help with a minor home repair/projects: \_\_\_\_\_

**Group Opportunities:**

**Kindness Crew** - Meets monthly 3<sup>rd</sup> Thursday am's at the Interfaith office. Come when you are able! Monthly activity dependent on need - ex. meal prep & delivery, lunch & visit with clients, light cleaning, prepare activity boxes, etc. *Checking this will add you to our Kindness Crew contact list.*

**Other Group Opportunities:**

- Spring / Fall "Outside" Clean-up (may include leaf raking, minor trimming, weeding, etc.)
- Minor home projects

I would like information on GROUP opportunities for my civic, business, church, youth groups, etc.



**h.e.l.p. Corner STORE (health equipment loan program):**

Volunteer at store locations in West Bend OR Hartford. Opportunities include - weekly store shift, equipment repair & maintenance, warehouse, data entry, community awareness.

I am interested in volunteering OR learning more!  West Bend  Hartford

**Other Opportunities:**

- Office Projects - mailings, data entry, filing, etc.
- Events and Community Outreach (fundraisers, farmer's markets, fairs, etc.)



**Availability:** List days/times you prefer to volunteer:

Day	Time	
	From	To
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

How often would you like to volunteer?

\_\_\_ 3 or more times/week

\_\_\_ 1 or 2 times/week

\_\_\_ 1 or 2 times/ month

\_\_\_ *Not sure at this point!*

**Volunteer Drivers:**

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 additional vehicle information on a separate piece of paper.*

May we contact you to fill last minute requests?  Yes  No

*(ex. A driver is ill and cannot fulfill a ride obligation)*

**Optional** ~ Help Interfaith build community relationships!

I have a connection with the following civic organization/school/church/business:



Thank you, we value your input!

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## 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  Prefer not to disclose

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
- 8) I consent to receive SMS text messages  Yes  No

I have read and understand this Volunteer Agreement.

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

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