

INTERFAITH SENIOR PROGRAMS
Volunteer Application

Volunteer Position(s) applying for: _____

Volunteer Information

Name _____

Address _____

City/State/Zip _____

Phone Numbers: Home _____ Work _____ Cell _____

Email Address _____

Gender: € Male € Female Date of Birth _____ Age _____

Referral Information

How did you hear about Interfaith?

Congregation

- € Clergy
- € Parish Nurse
- € Outreach/Presentations
- € Newsletter/Bulletins

Community

- € Word of Mouth – Neighbor/Friend
- € Newspaper/Media
- € Department of Senior Services
- € 211
- € Volunteer Center/RSVP
- € Other

Emergency Contact Information

Name _____

Relationship _____ Day Phone (____) _____

Education Information

- € High School Diploma € GED € Associates Degree
- € Bachelors Degree € Masters Degree € Other _____

Employment Information

Are you employed outside of your home?

- € No € Full-time € Part-time € Retired

Most Recent Employer _____ Job Title _____

Congregational Affiliation / Civic or Community Activities

Congregational Membership _____ City _____

Religious Background/Faith Background/Denomination _____

Community Clubs/Organizations _____

Volunteer Experience & Activities _____

Other Skills, Languages, Hobbies _____

Physical Limitations / Medical Conditions / Preferences

Please list any physical limitations medical conditions, allergies, or any other preferences that should be considered when matching you with volunteer service opportunities.

Transportation Information

Do you have access to a reliable vehicle? € Yes € No
If yes, what type? € Car € Van € SUV € Truck

Auto Insurance Company _____ Auto Policy Number _____

Driver's License Number: _____ Driving Restrictions: Y / N List: _____

Your preferences for volunteer commitment (Check all that interest you)

- Ongoing match with one client
- Individual matching as needed (transportation, for example)
- Seasonal volunteering only
- Office work only

Availability for Volunteering (When you ARE available for Interfaith)

Day	Morning (8-12 AM)	Afternoon (1-5PM)	Evening (6-9 PM)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday / Sunday			

Notification Preferred: € Short (0 – 2 Days) € Advanced (2 – 5 Days) € Regularly Scheduled

Are you willing to back up other volunteers for vacation or illness? ○ Yes ○ No

References

In order to expedite the processing of your application, please provide two (2) non-family references that we may contact.

1. Name _____ Relationship _____
Phone Number (daytime) _____ E-mail address _____

2. Name _____ Relationship _____
Phone Number (daytime) _____ E-mail address _____

Background Disclosure Information

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 Senior Programs. However, failure to comply with these requirements, or providing false information will likely result in denial or termination of volunteer activities.

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

2. 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.

3. 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.

4. 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: _____

5. 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

If yes, please explain: _____

6. Have you resided outside of Wisconsin in the last three years? Yes No

Dates	State

Volunteer Agreement

I understand 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 or termination of volunteer activities, and other penalties as provided under the law.

I agree that any information regarding a client learned through conversations or contained in a client's file is confidential information. No information should be released to anyone (including family members) without proper authorization. Any volunteer that violates the confidentiality of any client will be terminated from volunteering at Interfaith Senior Programs.

Volunteer Signature _____ Date _____

Parental Consent (To be completed if applicant is under 18 years of age)

I give my consent for my child named above to provide volunteer services to Interfaith Senior Programs.

Signature of Parent/ Guardian _____ Date _____