



## Volunteer Application

### Personal information:

Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Phone (H): \_\_\_\_\_ (W): \_\_\_\_\_

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

\_\_\_\_\_ Congregation affiliation (optional): \_\_\_\_\_

Occupation: \_\_\_\_\_

### Volunteer interests:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> friendly visits       | <input type="checkbox"/> yard work          | <input type="checkbox"/> shopping/errands        |
| <input type="checkbox"/> escort/transportation | <input type="checkbox"/> light housework    | <input type="checkbox"/> writing letters/reading |
| <input type="checkbox"/> respite care          | <input type="checkbox"/> minor home repairs | <input type="checkbox"/> telephone reassurance   |
| <input type="checkbox"/> meal preparation      | <input type="checkbox"/> help in FIA office | <input type="checkbox"/> other: _____            |
| <input type="checkbox"/> fundraisers           | <input type="checkbox"/> public speaking    | <input type="checkbox"/> other: _____            |

### Placement preference:

Please check all that apply:

I can volunteer:  once a week  more than once a week  every other week  
 once a month  as needed  other (please describe) \_\_\_\_\_

### Matching information:

General interests, skills, volunteer experience and hobbies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you speak any conversational languages other than English? \_\_\_\_\_ (please list)

Are willing to visit a smoker?  yes  no

Are you allergic to pets?  yes  no

I prefer to volunteer:  wherever needed  through my congregation only

List any special considerations for your placement (distance from home, preference for age or gender of care receiver)? \_\_\_\_\_

**Training Preferences:**

The best times for me to attend approximately two to two and a half hours of training would be:

- \_\_\_\_\_ on a Saturday
- \_\_\_\_\_ on a weekday morning
- \_\_\_\_\_ on a weekday afternoon
- \_\_\_\_\_ on a weekday evening (consecutive weeks)

The best weekdays for me are: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thursday \_\_\_ Friday

The best evenings for me are: Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thursday

Other \_\_\_\_\_

**Volunteer Preferences**

I am available to volunteer on Mon: \_\_\_ am \_\_\_ pm; Tues: \_\_\_ am \_\_\_ pm; Wed : \_\_\_ am \_\_\_ pm; Th: \_\_\_ am \_\_\_ pm; Fri: \_\_\_ am \_\_\_ pm; Sat : \_\_\_ am \_\_\_ pm; Sun : \_\_\_ am \_\_\_ pm;

**Screening information:**

Do you have a valid driver's license? \_\_\_yes \_\_\_no

License number: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Have you ever been convicted for violation of any laws, traffic or otherwise? \_\_\_yes \_\_\_no

If yes, please explain: \_\_\_\_\_

Do you have any physical condition that may limit your volunteer activities? \_\_\_yes \_\_\_no

If yes, please describe: \_\_\_\_\_

**Emergency contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**References:**

Please list two persons we may contact who are not family members. You may include teachers, religious leaders, or others whose relationship to you is more than a personal friend.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

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

I authorize *Faith in Action of Boise, Inc.* to obtain a consumer report for employment purposes. I understand that inquiry may include, but is not limited to: conviction records, motor vehicle records, and references.

This authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C. 1681b(b)(2)(B).

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

Completed applications may be submitted by mail to: Faith In Action of Boise  
PO Box 1516  
Boise, ID 83701

Or faxed to: (208) 344-0732 • Scanned, signed copies may be emailed to info@fiaboise.org.