



FAITH IN ACTION IN RED WING VOLUNTEER APPLICATION

Name _____ Date _____

Address _____ Congregation _____

City/State/Zip _____ Birthday _____

Phone (H) _____ Cell _____

E-mail address _____

I am willing to provide the following: *(Check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Transportation Local | <input type="checkbox"/> Help with Events |
| <input type="checkbox"/> Out-of-Town Transportation (Rochester) | <input type="checkbox"/> Collate Newsletter |
| <input type="checkbox"/> On-Call (surgery) | <input type="checkbox"/> Other Fundraisers |
| <input type="checkbox"/> Book House Calls | <input type="checkbox"/> Office Duties |
| <input type="checkbox"/> Friendly Visiting/Phone Calls | <input type="checkbox"/> Board Member |

Friendly Visit to a location with pets? Yes No Comments: _____

Valid Driver's License Yes No Number _____

Auto Insurance Co. _____ Policy # _____

Has your license ever been revoked? Yes No

Have you ever been convicted of a crime? *(Other than minor traffic violation)* Yes No
If yes, please explain on a separate page.

Do you have a preferred time to volunteer? Yes No

How often would you like to volunteer? _____

I cannot drive on *(specific weekdays)*: _____

Best number to call Home Cell

Best time to call _____

Office Use:

- | | |
|---|--|
| <input type="checkbox"/> Training Date: _____ | <input type="checkbox"/> Entered in CareWorks |
| <input type="checkbox"/> Added to Excel S/S | <input type="checkbox"/> Background Check Returned |
| <input type="checkbox"/> Mailchimp | |