

FAITH IN ACTION IN RED WING

VOLUNTEER APPLICATION

Name _____ Date _____
Address _____ Congregation, if any _____
City/State/Zip _____ Birthday _____ (Year not necessary)
Phone (H) _____ (W) _____ (Cell) _____
E-mail address _____
Age (optional): ___ Under 18 ___ 18-30 ___ 31-49 ___ 50-65 ___ 65-80 ___ over 80

TRANSPORTATION INFORMATION: (needed only if using your vehicle as part of volunteer duties)

Driver's License Number _____
Automobile Liability Insurance Company _____
Vehicle style: Sedan ___ Compact ___ SUV ___ Truck/high vehicle _____
Vehicle color _____
Has your license ever been revoked?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 separate page.

I am willing to help with the following:
(Check all that apply)

Personal contact	Transportation
___ Friendly Visiting	___ Health related
___ Telephone Calls	___ Shopping
___ Card writing	___ Cancer patients to Rochester
___ Book house-calls	___ Other

Office Help

___ Collating newsletters	___ Answering phones
___ Stuffing and stamping envelopes	___ Helping with fundraisers
___ Artistic touches on donor communications	___ IT/software help

Are you a smoker? ___ Yes ___ No
Are you willing to visit/transport a smoker? ___ Yes ___ No
Are you willing to transport M _____ riders, F _____ riders?
Are you willing to fold and place a walker in your vehicle? ___ Yes ___ No
Would you call on a house with pets? ___ Yes ___ No
Do you have a preferred time to volunteer? ___ Yes ___ No
(If yes) ___ Mornings ___ Afternoons ___ Evenings
___ Weekdays ___ Weekends

Recurring days of the week on which you **cannot** volunteer _____

I can give _____ hours: ___ A week ___ Every other week ___ A month

The phone number on which you prefer to be called _____

Any call times to avoid? _____