



**FAITH**  
IN ACTION

# Faith in Action Volunteers of Monroe County Care Receiver Application

Please complete and return to: Faith in Action PO Box 316 Tomah, WI 54660

Questions call 1-608-372-0939 or email [faithinaction0939@gmail.com](mailto:faithinaction0939@gmail.com)

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

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

Congregational Affiliation (optional): \_\_\_\_\_

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

**Care Receiver Needs:** Please mark the ways you need assistance:

Friendly Visits\_\_\_\_ Light Housework\_\_\_\_ Transportation\_\_\_\_ Phone Reassurance\_\_\_\_

Yard Work\_\_\_\_ Snow Shoveling\_\_\_\_ Shopping/Errands\_\_\_\_ Minor Home Repairs\_\_\_\_

**When do you generally want assistance?**

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday


Are you a smoker? Yes\_\_\_\_ No\_\_\_\_

Are you willing to be visited by a smoker? Yes\_\_\_\_ No\_\_\_\_

Do you have Dogs\_\_\_\_ Cats\_\_\_\_

Are you willing to be visited by someone who has Dogs\_\_\_\_ Cats\_\_\_\_

Do you have any physical limitations our volunteers should know? Yes\_\_\_\_ No\_\_\_\_

Skills, hobbies, or special interests you would like to share with a volunteer? \_\_\_\_\_

**Faith In Action Volunteers of Monroe County Inc does not have insurance that would cover for losses or damages in the event of an accident. The undersigned acknowledges their insurance will provide said coverage.**

\_\_\_\_\_

\_\_\_\_\_

*Signature*

*Date*

