

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

Name:				Phone:		
Address:						
Email:						
Care Receiver I	Needs: Please n	nark the ways yo	u need assistai	nce:		
Friendly Visits Light Housework Transportation_			Phone	Reassurance		
Yard Work	_ Snow Sh	oveling Sh	opping/Errand	s Minor F	lome Repairs	_
When do you g	generally want	assistance?				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Are you a smoke	er? Yes No_		Are you willing to	b be visited by a	smoker? Yes	No
Do you have Do	gs Cats	_ Are you	willing to be vis	ited by someon	e who has Dogs_	Cats
Do you have any	physical limitati	ons our volunteer	s should know?	Yes No		
Skills, hobbies, o	r special interest	s you would like to	share with a vo	olunteer?		
					ould cover for losse vide said coverage	
	Signat	ture				

Legal Last Name	Legal First Name	Middle Initial
Any Other Names Used Have you ever been convicted of a crime?	Yes No If yes, what state?	DOB
Have you lived outside Wisconsin in the pr		
Please list 3 references who are not famil	y, 1 must be someone other than a per	sonal friend.
Name	Phone	
Address		
Relationship	Length of Time	Known
Name	Phone	
Address		
Relationship		Known
Name	Phone	
Address		
Relationship		Known
I hereby give my consent for Faith In Action perform necessary background and driver	on Volunteers of Monroe County Inc. to	contact my referenc
Signature		 Date

A background check will be conducted on all potential care receivers. This background check will in-