



JACKSON COUNTY INTERFAITH VOLUNTEER CAREGIVERS

P.O. Box 354, Black River Falls, WI 54615 Telephone: 715-284-7058 Fax: 715-284-2340

Email: interfaith@centurytel.net Website: jacksoncountyinterfaithcaregivers.org

VOLUNTEER APPLICATION FORM

Today's Date _____

Title _____ Name _____ Birth Date _____
(Mr./Ms./Mrs.) (First) (MI) (Last)

Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Email Address _____

Employer _____ Days & Hours at Work _____

May we call you at work? ___ Yes ___ No Work Phone _____

*Social Security # _____ Congregation/Faith Affiliation _____

**Providing your SS# is voluntary, however, it is one of the unique identifiers used to prevent incorrect matches while performing a criminal background check. It will not be used for any other purpose or shared with anyone else. All personal information will be held with other confidential information at the Interfaith office.*

Services I could provide to a care receiver are as marked below:

- Companionship (friendly visiting)
- Shopping (errands with or for a care receiver)
- Assistance with Paperwork (letters, bills, etc.)
- Housekeeping (light cleaning/laundry)
- Phone Calls (routinely for reassurance)
- Snow Shoveling or Mowing Lawn
- Chores (minor repairs or yard work)
- Light Meal Preparation (occasional)
- Small household fix-it jobs

Transportation/Escort:

- Provide transportation to church (please specify which one) _____
- Provide transportation to medical appointments
- Provide transportation to social activities
- Provide transportation out of town

Other:

- Reading for our Visually Impaired Program
- Mentor elementary students in a school-based setting
- Deliver books for our Library to Go program
- Provide occasional support for new mothers

Office Help:

- Help with fundraising
- Work on labeling and mailing projects
- Serve on Board of Directors
- Serve on advisory committees

My expectation for volunteer service includes the following:

- I can volunteer once a week OR I can volunteer once a month
- I prefer an ongoing assignment OR I prefer a short-term assignment

Some days and times are better than others. My availability is best marked by the X's below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Information helpful for matching:

Educational background _____
Work background (current or previous) _____
Hobbies / Interests _____
A physical condition that may limit activities _____

Assignment preferences:

Concerns if matched with smoker? Yes No Concerns if pet in the home? Yes No
Prefer volunteering with: Males Females Children Any

Areas of Jackson County you prefer to volunteer:

Alma Center Hixton Merrilan Northfield
 Black River Falls Ho-Chunk Mission Millston Pray / City Point
 Hatfield Melrose North Bend Taylor

For those who provide transportation:

Do you have a valid driver's license? Yes No
I will be driving: 2 door Sedan 4 door Sedan Mini Van SUV Pickup
Do you have an automobile liability insurance policy? Yes No
Name of insurance company _____ Policy number _____
Have you ever had your driver's license revoked: Yes No

Emergency Contact: _____

Name Relationship to you Phone number(s)

References:

Please provide three names, not related to you, who have known you for at least one year, who can serve as references: ***PLEASE PRINT***

	<u>Name</u>	<u>Complete Mailing Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Jackson County Interfaith Volunteer Caregivers, is a faith based organization providing services to older adults, disabled individuals and people with special needs. We will take into consideration all needs. However, to ensure the safety of the volunteers and care receivers, it is the board's policy to do a background screening on both the care receivers and volunteers.

I understand that I will be requested to participate in a one hour orientation session on Caregiver Volunteering.

I understand that any false statements made as a part of this application may be considered sufficient cause for dismissal.

I authorize permission for named references to release personal/professional information to the Interfaith Office. I also consent to an annual police record search and a Department of Motor Vehicles check. I further release Jackson County Interfaith Volunteer Caregivers, Inc., Black River Falls, WI, as well as those supplying said information, from any and all liability from these investigations.

Date _____ Signature _____

Please send completed form to: JCIVC, P.O. Box 354, Black River Falls, WI 54615