

VOLUNTEER APPLICATION

DODGE COUNTY *FAITH IN ACTION*

PO Box 246 - Kasson, MN 55944 - fiadodge@kmtel.com - 507-634-3654

Date _____

Part I – General Information

Name _____ Birth Date _____
Last First Month/Day/Year

Address _____
Street City/State Zip

Phone _____ / _____ Email _____ @ _____
Day Evening

Are you a member of a religious congregation? ____ yes ____ no

If yes, which congregation? _____

Part II – Volunteer Availability

As a DODGE COUNTY *FAITH IN ACTION* volunteer, I would like to:

____ be matched with one individual/family

____ be on call, knowing I can say yes or no as my schedule permits

Please check the times you are able to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

I am willing to visit with a smoker ____ yes ____ no

I am willing to visit with a care receiver with pets ____ yes ____ no

Part III – Background and References

Do you have a valid Minnesota driver's license? ____ yes ____ no

License Number _____ Expiration Date _____

Insurance Company _____

Have you ever been convicted for any law, traffic, or otherwise? ____ yes ____ no

If yes, please explain _____

Who should we contact in case of an emergency?

Name _____ Day/Evening Phone _____ Relationship _____

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Please list three people we may call who are NOT family – one of whom should be a pastor, or religious leader, teacher, employer, or someone who is not just a personal friend.

1.	_____		_____
	Name		Relationship
	_____		_____
	Address		Phone
2.	_____		_____
	Name		Relationship
	_____		_____
	Address		Phone
3.	_____		_____
	Name		Relationship
	_____		_____
	Address		Phone

Part IV – Volunteer Assignment Choices

Please check the all areas in which you are interested in assisting (check as many as apply):

Housekeeping/Chores:

- mail management
- light housekeeping
- laundry
- sewing
- preparing meals
- vacuum
- read/write letters
- other

Transportation:

- in town (appointments)
- out of town, medical
- to congregational activities

Errands/Shopping

- shopping (grocery, misc.)
- running errands
- picking up misc. items

Office/Organizational Assistance:

- assist with fundraisers
- assist with mailings
- congregational coordinator

Visiting:

- friendly visits (in person)
- reassurance calls (by phone)

Respite

- For an adult
- For a child

Handyperson/Yard work

- gardening
- mowing/raking
- building wheelchair ramps
- snow removal
- inside/outside home repair
- seasonal chores
- other

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Part V – Permission to Check References

I give Dodge County *FAITH IN ACTION* my consent to contact my references.

Signature of Applicant

Date

Volunteer Statement of Confidentiality

I have been informed that as a volunteer with the DODGE COUNTY *FAITH IN ACTION* program, I may have access to specific information regarding persons served, staff, board members, volunteers, donors and/or financial information. I understand that it is the policy of the DODGE COUNTY *FAITH IN ACTION* that I, as a volunteer, must regard all of the information as CONFIDENTIAL. I further understand that “confidential” means that the information regarding persons served, staff, board members, volunteers, or finances learned through the performance of my official duties SHALL NOT BE DISCUSSED with any other person in or out my official duties on behalf of the program. I understand that all persons who receive services from the DODGE COUNTY *FAITH IN ACTION* program expect this confidentially.

I WILL UPHOLD THE SAME CONFIDENTIALLY THAT I WOULD WANT FOR MYSELF.

I have read the above and understand the importance of this document.

Signature of Volunteer

Date

Thank you for being willing to give of your time and talents to those in need. You have chosen to do a wonderful thing, and because of your compassion and kindness, together we will be able to assist many others who will also greatly appreciate YOU and your kindness.

Bless You and Your Thoughtfulness

