



Volunteer Application
Interfaith Caregivers of Polk County
 PO Box 65, Milltown, WI 54858
 715-825-9500

Personal Information: *Please print.*

Name: _____ Home Phone: _____
First & Nickname – if applicable + Last Name

Address: _____ Cell Phone: _____

Mailing Address if different: _____

City: _____ State: _____ Zip: _____ Birthdate: _____

Email: _____ Preferred method of contact: _____

Single / Widowed Married/Partnered, Name: _____ Veteran/Spouse of Veteran

Are you retired? If so, did you retire from 3M? Past/Present Occupation: _____

Do you leave WI for the Winter? Yes No If so, when? _____

Church Name & City (if applicable): _____

Emergency Contact: _____ Phone: _____ Cell: _____

Relationship: _____ Address: _____

Frequency & Availability: *Please check all that apply.*

As needed 1X week 2X week 1X month 2X month Other: _____

What days and times are you available?

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning (before noon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12pm-5pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (5pm-10pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

May we contact you on short notice? Yes No

Volunteer Opportunities: *Please check all that interest you.*

- | | | |
|--|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Phone assurance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Local only | <input type="checkbox"/> Friendly visits | <input type="checkbox"/> Board member |
| <input type="checkbox"/> Local & Polk County | <input type="checkbox"/> Respite visits | <input type="checkbox"/> Bulk mailings |
| <input type="checkbox"/> WI Regional
<small>(Rice Lake / New Richmond)</small> | <input type="checkbox"/> Meal preparation | <input type="checkbox"/> Office help |
| <input type="checkbox"/> MN Regional
<small>(Stillwater or Twin Cities)</small> | <input type="checkbox"/> Light housekeeping | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Cancer Treatments | <input type="checkbox"/> Paperwork/bookkeeping | <input type="checkbox"/> Special events |

Max 1-way travel distance: _____ miles

- | | | |
|--|--|--|
| <input type="checkbox"/> Food shelf deliveries | <input type="checkbox"/> Errands / shopping | <input type="checkbox"/> Client interviews |
| <input type="checkbox"/> Books to Go | <input type="checkbox"/> Minor repairs | <input type="checkbox"/> Yard work – spring / fall |
| | <input type="checkbox"/> Fit & Friendly leader | <input type="checkbox"/> Yard work group leader |

Interests & Placement Preferences:

Do you like to work w/adults who have: Dementia/Early Alzheimer’s Mental Illness Physical Disability

Are you allergic to: Cats Dogs Smoke/Smoking Do you know sign language? Yes No

General interests, skills, previous jobs, volunteer experience, languages and hobbies:

List special considerations for your placement (preference for clients’ age or gender, etc.):

Do you have any conditions that may limit/restrict your volunteer activities/assignments? If so, describe:

Driver’s License / Vehicle Information: (If applicable)

*If you are using your vehicle to complete an assignment you must provide Interfaith Caregivers with a copy of your current driver’s license and proof of automobile insurance. **Copies can be made at Orientation.***

Do you have a valid Driver’s License Yes No State of Issue: _ _____

Make, Model & Year of Vehicle(s): _____

Vehicle Color(s): _____ License Plate #: _____

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

References:

Please list two persons we may contact who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than a personal friend.

1. Name: _____ Phone: _____ Cell phone: _____

Relationship: _____ Address: _____

2. Name: _____ Phone: _____ Cell phone: _____

Relationship: _____ Address: _____

I hereby give my consent for Interfaith Caregivers to conduct a routine background check and/or contact my references.

Social Security Number _____ - _____

Signature & Date

To email, save the completed form to your desktop. Open your email program and attach the saved file. Send it to info@interfaithpolk.org. *If you are emailing this form, you can sign it at volunteer orientation.*
To mail, send to: Interfaith Caregivers, PO Box 65, Milltown, WI 54858