



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

Personal Information: *Please print*

**Required*

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

*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? Yes No If so, did you retire from 3M? Do you leave for the winter? Yes No

Past/Present Occupation: _____

*Emergency Contact: _____ *Phone: _____ Or 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*

Transportation

- Local only
- Polk County
- WI Regional
(Rice Lake / New Richmond)
- MN Regional
(Stillwater, Woodbury or Twin Cities)
- Cancer/Dialysis Treatments

- Errands / shopping
- Food shelf delivery
- Fit & Friendly leader
- Friendly visits
- Light housekeeping
- Meal preparation
- Minor repairs
- Paperwork/bookkeeping

- Respite visits
- Yard work

Help in the Office

- Board member
- Bulk mailings/Office help
- Fundraising
- Special events

Max 1-way travel distance: _____ miles

Other Services

- Books to Go (Library delivery)
- Client Assessments
- Phone calls
- Reading to someone

***Interests & Placement Preferences:**

Will you work w/adults who have: Dementia/Early Alzheimer's Mental Illness Physical Disability

Are you am allergic to: Cats Dogs Smoke/Smoking Other

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: _____

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.

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.

Signature & Date Social Security Number _____

If you've completed this form online, you can email it by saving the completed form to your desktop. Open your email program and attach the saved file.

OR, 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