

Southeast Lake County Faith in Action Volunteers Volunteer Application

1510 Old Deerfield Road Suite 205, Highland Park, IL 60035

PHONE: 847-721-8414

EMAIL: info@fiahelp.org

WEBSITE: www.fiahelp.org

Today's Date: _____

I. Personal Information

Date ready to start volunteering: _____

Name: _____

Date of Birth: _____

Address 1: _____

2: _____

City: _____

State: _____ Zip Code: _____

Phone (Day): _____

Phone (Night): _____

E-Mail: _____

Preference for Contacting

Phone

Email

Text

Optional:

Race: _____

Religious Affiliation: _____

Church/Synagogue: _____

Language other than English spoken _____

II. Emergency Contact Information

Name: _____

Address 1: _____

2: _____

City: _____

State: _____ Zip Code: _____

Phone (Day): _____

Phone (Night): _____

E-Mail: _____

Relationship of Contact: _____

III. How you learned about Faith in Action

Website

Friend

Employer

Newspaper

Congregation

Other: _____

IV. Employment Information

Retired: Yes No

Present or Previous Occupation:

Present or Previous Employer:

Work Phone: (If we may call at work.)

Best time to call? _____

General Work Hours: _____

V. Choices for Volunteer Assignments

(Check all that interest you)

Errands (pick up a list)

Transportation (Mon-Fri daytime; your car) [

Friendly Visit

Companion for our Special Events

Fund Raising

Information & Referral

Help in Faith in Action Office (computers/mailings

Coordinator for your church/synagogue

Other: _____

Can you volunteer in a home with pets?
 Yes No

Can you volunteer in a home with stairs?
 Yes No

Do you require a smoke-free placement?
 Yes No

Do you have any physical limitations or considerations which would influence your volunteer placement?
 No Yes (If Yes, please explain below)

Have you ever been convicted for violation of any laws, traffic or otherwise?
 No Yes (If Yes, please explain below)

VIII. Two Current Non-Family References:

Name : _____

Address : _____

Phone: _____

Name : _____

Address : _____

Phone: _____

**VI. When are you available to volunteer?
(Generally)**

	Mon	Tues	Wed	Thur	Fri
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Weekend Availability (if interested)

Preference for Volunteer Frequency
 Once a week
 1-2x per month
 As needed

Do you want to only volunteer with a partner? [
] No Yes (If Yes, give info below)

VII. Other Information

Please list your interests, hobbies, musical instruments, etc.

List any previous volunteer experience:

Why do you want to volunteer with older adults? _____

Do you have any concerns about volunteering with older adults? _____

Thank you for your interest in helping your older neighbors in need!

Please mail completed application to:

Faith in Action Volunteers

1510 Old Deerfield Rd. #205

Highland Park, IL 60035

You may also upload your application electronically through our website:

www.fiahelp.org