



Broome County Council of Churches
 3 Otseningo Street, Binghamton, NY 13903
 Phone: 607.724.1930 Fax: 607.724.9148
Faith in Action Volunteers Application

First Name: _____ Last Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____ OK to call?
 _____ Y N
 Email: _____ D.O.B _____

Please check all volunteer opportunities that interest you:

Transportation - Medical	Friendly Visits	Social Connections
Transportation - Groceries	Light Housekeeping	Senior Living Ministry
Shop from a list	Reassurance Calls	Ramp It Up
Shopper Program	Assessments	Administrative

Number of Activities: per week _____ per month _____

Please circle all that apply:

- Days available: Sat. Sun. Mon. Tues. Wed. Thurs. Fri.
- Time of day preferred: Morning Afternoon Evening
- Special requests: Non-smoking only Allergies to pets Allergies to perfumes
- I have training in: Nursing EMT Social Work Nutrition/Dietician Fitness/Training

Please list any physical limitation you may have: _____

Transportation – Please circle all that apply:

- I drive a: car van SUV truck
- Are you able to transport a wheelchair? Yes No
- Are you able to obtain a wheelchair from the doctor’s office? Yes No

How many miles are you willing to drive? _____

Other information:

Hobbies, interests, talents, languages: _____

How did you hear about *Faith in Action* Volunteers? _____

Signature of parent or guardian if volunteer is under age 18: _____

