

Task	Date & initials
Orientation completed	
Background check	
Follow up call	
Added to RideScheduler	
Badge made and mailed	
Filed	

For Office Use Only

## 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:**

<b>Transportation - Medical</b>	<b>Friendly Visits</b>	<b>Chop &amp; Chat</b>
<b>Transportation - Groceries</b>	<b>Housekeeping or Repairs</b>	<b>Senior Living Ministry</b>
<b>Shop from a list</b>	<b>Reassurance Calls</b>	<b>Ramp It Up</b>
<b>Shopper Program</b>	<b>Assessments</b>	<b>Administrative</b>

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 Computer Skills

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:**

How do you prefer to be contacted? Email home phone cell phone

Are you interested in using Online Scheduling? \_\_\_\_\_

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



1.15.2019

Faith in Action Volunteers  
 Broome County Council of Churches  
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