



Faith in Action Volunteer Application

Print Name:		Date of birth: _____	Phone No:			
		GENDER:	Home: Fax: Work: Mobile: Please circle the # you would like to designate as your primary number.			
		M F				
Street Address:						
City:		County:	Zip:	E-mail:		
Employer:		Occupation: (if retired, please indicate prior occupation)				
Employer Address:		Referral Source:				
Church Affiliation:		Church Location:				
YOUR AVAILABILITY (please circle)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.	a.m.	a.m.	a.m.	a.m.	a.m.	a.m.
p.m.	p.m.	p.m.	p.m.	p.m.	p.m.	p.m.
Special Schedule:						
Services you can provide: (please check all that apply)						
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Shopping with or for a person	<input type="checkbox"/>	Expos/Parades/Events	
<input type="checkbox"/>	Minor Home Repair	<input type="checkbox"/>	Housework/Windows/Laundry	<input type="checkbox"/>	Office Help (3 hrs/week)	
<input type="checkbox"/>	Painting/Electrical	<input type="checkbox"/>	Respite Care	<input type="checkbox"/>	Newsletter (Quarterly	
<input type="checkbox"/>	Phone Calls	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Bills/Record Keeping/letter writing	
<input type="checkbox"/>	Clean Gutters	<input type="checkbox"/>	Snow Removal	<input type="checkbox"/>	Yard Maintenance (Spring/Fall Rake)	
I am interested in becoming a Legacy Member:			Yes	No	Maybe	
Other Special Skills: (e.g. sewing, quilting, computers, hair dressing, etc.)						

Previous Volunteer Experience, if yes, Name of Agency:		Phone No:	
Agency Address:		Contact Person:	
Do you have a valid Illinois Driver's License?		Yes	No
Drivers License No:	Auto Insurance Co.:	Policy No.:	
What type of car do you drive? Are you willing to drive long distances (e.g. Chicago)?			
References: (Known for at least one year, no relatives, please)			
Print Name:		Phone No.:	
Address:		Relationship:	
Print Name:		Phone No.:	
Address:		Relationship:	
Emergency Contact:			
Print Name:		Phone No.:	
Address:		Relationship:	
I hold a current valid driver's license, and I have current automobile insurance coverage higher than the state minimums.		Circle one: Yes No	
I have not had any accidents in the last three years.		Circle one: True False	
I have not had more than three moving violations in the last three years		Circle one: True False	
Have you ever been convicted of a DUI?		Circle one: Yes No	
Allergies other than medicine: (pets, smoke, perfume, etc.)			
Signature:		Date:	
Witness:		Date:	