

Volunteer Transportation Service Driver Application
 A program of Faith in Action Volunteers, Inc. P.O. Box 604 Sidney, IA 51652
 Office at 1003 Indiana St., Sidney 712-374-2093 faithinaction@iowatelecom.net

Today's Date _____
 Date you can begin volunteering _____

Name _____ SS# _____
last first initial Social Security Number

Address _____
house # street name apartment #

City _____ IA _____ Zip _____ Birth date ____/____/____
month date year

Home Phone _____ Alternate Phone _____

E-mail address: _____

Emergency Contact Information

1. Name _____ Relationship _____
last first

Address _____
house # street name apartment #

Home Phone _____ Alternate Phone _____

2. Name _____ Relationship _____
last first

Address _____
house # street name apartment #

Home Phone _____ Alternate Phone _____

I prefer: Weekly Assignments As Needed/On Call

I am available Mornings __S__M__T__W__TH__F__S

Afternoons __S__M__T__W__TH__F__S

Evenings __S__M__T__W__TH__F__S

I can not work the following times (example 3rd Friday of the month):

I am a smoker Yes / No

I have allergies Yes / No

Where are you willing to drive?

Please check all that apply

Hamburg Nebraska City Shenandoah Sidney Omaha/Council Bluffs

I attend church at: _____

I am a Veteran: Yes / No

Have you ever been charged with a crime other than minor traffic violations? Yes / No

If yes please explain: _____

I give permission to use any photographs taken for public relations purposes Yes / No

Other volunteer services are requested in Fremont County, SW Iowa and include:

- | | |
|---|-------------------------------------|
| Shopping with or for a person | Minor home repairs |
| Respite care (relieving family member for 2-3 hrs.) | Bills/record keeping/letter writing |
| Occasional meal preparation | Yard work/gardening |
| Light housekeeping | Caring companionship |
| Telephone reassurance | Reading to someone |

Please check any you might be interested in exploring.

Please list two personal references (not related to you):

1. Name _____ Address _____

Home phone: _____ Alternate Phone _____

2. Name _____ Address _____

Home phone: _____ Alternate Phone _____

I hereby certify that all statements are true and complete to the best of my knowledge. I authorize the persons listed above and / or appropriate reference agencies to release information regarding my qualifications to Faith in Action Volunteers, Inc. I understand and agree that as a volunteer I am not to administer any medical care or assist with any professional advise. I agree that Faith in Action Volunteers, Inc., its employees or the family I am assigned, will not be held liable as a result of any and all incidents which might be construed to adversely affect my health. I agree to not accept any wages from the clients I am serving. In the event that I do accept payment for my services I understand I will no longer be considered a volunteer and will be personally responsible for any liability during my employ. All information is considered privileged and confidential. **It is necessary for the good of all concerned that we insure our families and our volunteers of appropriate matches.**

Volunteer Signature

Date