



FAITH
IN ACTION

Fremont County Volunteers

Volunteer Application

Today's Date: _____ Date you can begin _____

Contact Information:

Name: _____

Home phone: _____ Cell phone: _____

Mailing address: _____

E-mail: _____

Occupation or former occupation: _____

Volunteer Times and Places:

Please check all that apply.

I can volunteer

_____ once a week _____ more than once a week _____ as needed

I prefer

_____ mornings _____ afternoons _____ evenings _____ weekends

Where are you willing to drive? Local area _____ Omaha/Co. Bluffs _____

Lincoln _____ Ames/Des Moines _____

Match Information:

Have you had experience with people with disabilities? ___ Yes ___ No

Do you mind pets? ___ Yes ___ No Comment: _____

Do you mind smoking? ___ Yes ___ No Comment: _____

Do you have a vehicle? ___ Yes ___ No Comment: _____

Are you bilingual? ___ Yes ___ No Language: _____



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Do you have any personal limitations? ___ Yes ___ No

Comment: _____

Screening information:

Do you have a valid driver's license? ___ Yes ___ No

Do you have a criminal record other than traffic violations? ___ Yes ___ No

Emergency Contact Information:

Name _____ Relationship _____

Address _____

Home Phone _____ Alternate Phone _____

References:

Name: _____ Phone: _____

Name: _____ Phone: _____

I hereby give my consent for Faith in Action Volunteers, Inc to contact my references and to conduct a routine police check.

Signature: _____ Date: _____

Contact **Sharon** with any questions
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