



Interfaith Caregivers
of Polk County

Volunteer Application

Personal Information: *Please print*

Name: _____ Best Phone: _____
First & Nickname (if applicable) Last Name

Address: _____ City: _____ State: _____ Zip: _____

Mailing address if different: _____

Email: _____ *Preferred method of contact: _____

Past & Present Occupation: _____

Emergency Contact:

Relationship: _____ Phone: _____

Address: _____

Frequency & Availability: *Please check all that apply*

As needed 1X week 2X week 1X month 2X month Other: _____

What days/times are you available? *Please specify how early below (some appointments are before 6 am)*

Time/Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning (before noon)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12 pm-5 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (5 pm-10 pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

May we contact you on short notice? Yes No Do you leave for Winter? Yes No

Volunteer Opportunities: *Please check all that interest you*

Transportation

- Local only
- Polk County
- Cancer/Dialysis Treatments
- MN Regional
(Stillwater, Woodbury or Twin Cities)
- WI Regional
(Rice Lake, New Richmond, Eau Claire)

Other Services

- Books to Go (Library delivery)
- Client assessments
- Errands / shopping
- Meal preparation
- Deliveries
(Food Shelf, Groceries, Prescriptions)
- Reading to someone
- Light housekeeping
- Minor repairs

- Paperwork/bookkeeping
- Friendly visits or phone calls
- Spring or Fall yard work
- Respite visits
(giving a full-time caregiver a break by staying with their loved one)

Help in the Office

- Board member
- Bulk mailings/Office help

Max 1-way travel distance: _____
 # of Miles

Interests & Placement Preferences

General interests, skills, previous jobs, volunteer experience, languages and hobbies:

List special considerations for your placement (preference for clients' age or gender, etc.):

Do you have any conditions that may limit/restrict your volunteer activities/assignments? If so, describe:

Do you mind: Cats Dogs Smoking Other

Driver's License / Vehicle Information (If applicable)

*Interfaith Caregivers requires a copy of your current driver's license and proof of automobile insurance.
Copies can be made at Orientation.*

Do you have a valid Driver's License? Yes No License Number: _____

Make, Model and Color of Vehicle: _____

License Plate Number: _____ Do you carry valid vehicle insurance? Yes No

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

References *Please list two persons we may contact who are not family members*

Name _____ Relationship _____ Phone or email _____

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I understand that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information will result in denial or termination of volunteer activities and other penalties as provided under the law. I also understand that I am not an employee of Interfaith Caregivers of Polk County and agree to serve without compensation.

If you are 18 or older: I acknowledge that a criminal background check and a sex offender search will be performed to be considered as a volunteer with Interfaith Caregivers of Polk County.

I agree that any information regarding a client learned through conversations or contained in a client's file is confidential information. No information should be released to anyone (including family members) without proper authorization. Any volunteer who violates the confidentiality of any client will be terminated from volunteering at Interfaith Caregivers of Polk County.

Signature & Date

Mail to Interfaith Caregivers, PO Box 833, St. Croix Falls, WI 54024 or Email info@interfaithpolk.org