



Volunteer Application Form

Please complete all information.

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| FIRST NAME | LAST NAME |
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| STREET ADDRESS |
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| ADDRESS LINE 2 |
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| | | |
|------|-------|----------|
| CITY | STATE | ZIP CODE |
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MAILING ADDRESS (If Different)

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| FIRST NAME | LAST NAME |
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| STREET ADDRESS |
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| ADDRESS LINE 2 |
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| CITY | STATE | ZIP CODE |
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| EMAIL | PHONE # |
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Volunteer Opportunities: How would you like to help? Check all that apply.

- Transportation/Driving
- Other Services
- Help in the Office

Do you have a valid drivers' license?

- Yes No

Have you been convicted of a felony?

- Yes No

How did you hear about us?

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I agree to the following:

Once you submit this basic application, Interfaith Caregivers will call you and ask you to attend a 2-hour orientation. (Tuesdays, 1-3pm or as arranged) During orientation, Interfaith Caregivers will ask you for your Social Security Number to run a criminal background check on you. Because our clients are vulnerable adults, we will not assign you to help clients if we find something negative on your background check. You will need to complete additional information about your interests and background and sign a confidentiality agreement. Please bring a Photo ID and a copy of your current Vehicle Insurance Card.

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| SIGNATURE | DATE |
|-----------|------|