

# Volunteer Application - Faith in Action Evanston

*Please note that fields marked with an \* are required.*

Today's Date: \_\_\_\_\_

Completed Faith in Action Evanston Training?

Not Yet     Yes  
( If "yes" – which date: \_\_\_\_\_ )

## I. Personal Information

\* First Name: \_\_\_\_\_

\* Last Name: \_\_\_\_\_

\* Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

\* City: \_\_\_\_\_

County: \_\_\_\_\_

\* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_

\* Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

(If we may call at work.)

Best time to call? \_\_\_\_\_

E-mail Address: \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_

\* Sex: \_\_\_\_\_ Race: (optional) \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_

Church/Congregation: \_\_\_\_\_

Retired:  Yes     No

Date ready to start volunteering: \_\_\_\_\_

## II. Emergency Contact Information

\* First Name: \_\_\_\_\_

\* Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\* Phone (Day): \_\_\_\_\_

\* Phone (Night): \_\_\_\_\_

E-Mail: \_\_\_\_\_

\* Relationship of Contact: \_\_\_\_\_

## III. How you learned about FIA Evanston:

Congregation

Friend

Employer

Newspaper

Agency

Professional Organization

School

Other: \_\_\_\_\_

## IV. Employment Information

Present or Previous Occupation:

\_\_\_\_\_

Present or Previous Employer: \_\_\_\_\_  
 \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 (if we may call you at work)

General Work Hours: \_\_\_\_\_

**V. Choices for Volunteer Assignments**  
 (Check all that interest you)

- Friendly Visit
- Fund Raising Events
- Home Repairs
- Cleaning
- Information & Referral
- Help in Faith in Action Evanston Office
- Respite Care
- Shopping Assistance
- Telephone Visits
- Transportation
- Special Events: Volunteer Recognition
- Other: \_\_\_\_\_

Can you volunteer in a home with pets?  
 Yes       No

Can you volunteer in a home with stairs?  
 Yes       No

Do you require a smoke-free placement?  
 Yes       No

**VI. When are you available to volunteer?**  
**(Generally)**

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
<b>Morning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evenings</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**VII. Other Information** - Please list your interests, hobbies, musical instruments, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

List any previous volunteer experience:  
 \_\_\_\_\_  
 \_\_\_\_\_

Why do you want to volunteer with Faith in Action Evanston?  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you want to only volunteer with a partner?  
 No       Yes (If Yes, give info below)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Do you have any physical limitations or considerations, such as distance from home, which would influence your volunteer placement?  
 No       Yes (If Yes, please explain below)

\_\_\_\_\_

Have you ever been convicted for violation of any laws, traffic or otherwise?  
 No       Yes (If Yes, please explain below)

\_\_\_\_\_

**VIII. Two Current Non-Family References:**

1. \* Name : \_\_\_\_\_

Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Phone: \_\_\_\_\_

2. \* Name: \_\_\_\_\_

Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Phone: \_\_\_\_\_