



FAITH
IN ACTION

Interfaith Volunteer Caregivers of Clark County, Inc.

P.O. Box 222, Neillsville, WI 54456

Toll-free Telephone: 1-877-743-7843

Fax: 715-743-4618 or Email: infaith@tds.net

Today's Date: _____

2009 Volunteer Registration

Title _____ Name _____ Birth Date: _____
(Mr./Ms/Mrs.) (First) (MI) (Last)

(Street) (City) (Zip Code)

Home Phone: _____ Email Address: _____

Employer: _____ Days & Hours at work: _____

May we call you at work? ___Yes ___No Work Phone: _____

Social Security Number: _____ * Congregation/Faith Affiliation: _____

**Providing your social security number is voluntary, however, your social security number is one of the unique identifiers used to prevent incorrect matches while performing a criminal background check. It will not be used for any other purpose or shared with anyone else. All personal information will be held with other confidential information at the Interfaith Volunteer Caregivers Office.*

Services I could provide to a care receiver are as marked below:

- | | |
|--|---|
| <input type="checkbox"/> Chores (minor repairs or yard work) | <input type="checkbox"/> Phone Calls (routinely for reassurance) |
| <input type="checkbox"/> Companionship (friendly visiting) | <input type="checkbox"/> Respite Care (2-4 hr. break for caregiver) |
| <input type="checkbox"/> Housekeeping (light cleaning/laundry) | <input type="checkbox"/> Shopping (errands with or for care receiver) |
| <input type="checkbox"/> Meal Preparation (occasional) | <input type="checkbox"/> Transportation (to or from local appointments) |
| <input type="checkbox"/> Assistance with Paperwork (letters, bills, etc) | <input type="checkbox"/> Snow Shoveling or Mowing Lawn |

Assistance I could provide the Interfaith Volunteer Caregivers office are as marked below:

- | | |
|---|---|
| <input type="checkbox"/> Help with fundraising | <input type="checkbox"/> Help with newsletter |
| <input type="checkbox"/> Work on large mailing projects | <input type="checkbox"/> Publicity/speaking |
| <input type="checkbox"/> Send notices to volunteers | <input type="checkbox"/> Send correspondence to care receivers |
| <input type="checkbox"/> Serve on the Interfaith Board of Directors | <input type="checkbox"/> Serve on one of Interfaith's Advisory Committees |

My expectation for volunteer service includes the following:

- | | | |
|---|-----------|--|
| <input type="checkbox"/> I can volunteer once a week | OR | <input type="checkbox"/> I can volunteer only once a month |
| <input type="checkbox"/> I prefer an ongoing assignment | OR | <input type="checkbox"/> I prefer a short-term assignment |

I can be available to volunteer as marked below with an "x":

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Information helpful for matching:

Educational background: _____

Work background (current or previous) _____

Hobbies/Interests: _____

A physical condition that may limit activities: _____

Assignment Preferences:

Concerns if matched with smoker? ___Yes ___No

Concerns if a pet in the home? ___Yes ___No

Concerns with gender of the care receiver? ___ Yes ___ No Explain: _____

Areas of Clark County that you prefer to work: check any that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Abbotsford Area | <input type="checkbox"/> Greenwood Area | <input type="checkbox"/> Owen/Withee Area |
| <input type="checkbox"/> Chili/Spencer Area | <input type="checkbox"/> Humbird Area | <input type="checkbox"/> Sherwood Area |
| <input type="checkbox"/> Colby Area | <input type="checkbox"/> Loyal Area | <input type="checkbox"/> Thorp Area |
| <input type="checkbox"/> Dorchester Area | <input type="checkbox"/> Mead Lake Area | <input type="checkbox"/> Unity Area |
| <input type="checkbox"/> Granton Area | <input type="checkbox"/> Neillsville Area | <input type="checkbox"/> Willard Area |

For all those willing to provide transportation:

Valid WI driver's license: ___Yes ___No Driver's license number: _____

I will be driving: ___Sedan 2-dr. ___Sedan 4-dr. ___Mini van ___SUV ___Pickup

Proof of valid car insurance: Attach copy of insurance card (can be done at orientation)

Do you have liability insurance equal to or greater than the minimum limits required by the State of WI and agree to keep that coverage on your auto while volunteering? ___Yes ___No

Emergency Contact: _____

Name

relationship to you

Phone number(s)

SCREENING INFORMATION:

Every applicant for an *Interfaith* assignment must have a Wisconsin State Criminal Background Check, a WI driver's license check completed and provide a personal reference that is not a family member. **Below please complete the contact information for your reference and answer questions 1-3.**

Personal References: (please print clearly)

Name _____ Relationship to you: _____

(Street)

(City)

(State)

(Zip Code)

1. Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including in federal, state, local or military and tribal courts? ___Yes ___No

If yes, please explain: _____

2. Have you resided outside of Wisconsin in the last 3 years? ___Yes ___No

If yes, list each state and the dates you lived there: _____

3. Have you had a caregivers background check done within the last 4 years? ___Yes ___No

If yes, list the date of each check and the name of the organization/facility/agency that conducted each check: _____

I understand under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to 1,000.00 and other sanctions as provided in HFS 12.05 (4), Wis. Adm. Code.

I also understand the screening requirements mentioned above, and authorize the Interfaith Volunteer Caregivers of Clark County, Inc. to process the paperwork for the criminal background check and driver's license check and to contact my personal references.

(Applicant signature)

(Date)

Once involved in the program, do you permit staff to identify your name and congregational affiliation in print as someone associated with the Interfaith Volunteer Caregivers of Clark County, Inc.?

_____ *Yes, you may print my name and congregational affiliation.*

_____ *No, do not print my name and congregational affiliation.*

