



# Interfaith Volunteer Caregivers of Clark County, Inc.

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*F A I T H*  
IN ACTION

## **REQUEST FOR A VOLUNTEER**

Intake Date: \_\_\_\_\_ By: \_\_\_\_\_ ID#: \_\_\_\_\_

Caller: \_\_\_\_\_ Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Personal Information**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Living Situation: Alone With Spouse With Family With Friend Assisted Living Nursing Home

Emergency Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Health Status**

Physical Conditions: \_\_\_\_\_ Vision: \_\_\_\_\_

Hearing: \_\_\_\_\_ Communication: \_\_\_\_\_

Functional/Mobility: \_\_\_\_\_

Aids (cane, walker, wheelchair, glasses, hearing aid, dentures, etc.): \_\_\_\_\_

Social Contacts: Many Some Few

Other Help Being Provided (relatives, friends, agencies): \_\_\_\_\_

\_\_\_\_\_

(Continued on next page.)

**Services Requested**

**Social Support:**

- Friendly Visiting
- Telephone Reassurance
- Paperwork/Reading/Letter Writing
- Shopping/Errands
- In-Home Exercise Therapy
- Light Meal Preparation
- Respite for Caregiver (2-4 hr. break)
- Sewing or Light Mending
- Repairs/Chores
- Light Housekeeping or Laundry
- Yard Work/Shoveling
- Newspapers On Tape Program

Date(s) or Frequency Needed: \_\_\_\_\_

**Transportation:**

- Transportation to Church (Please specify) \_\_\_\_\_
- Transportation to Local Medical Appointments \_\_\_\_\_
- Transportation to Social Activities \_\_\_\_\_
- Transportation Out of Town \_\_\_\_\_

Date(s) or Frequency Needed: \_\_\_\_\_

**Volunteer Match Information**

Please list your hobbies, recreational interests, special skills and interests, etc.  
Is there something specific you'd like a volunteer to share with you?)

\_\_\_\_\_  
\_\_\_\_\_

**Home Visit/Assessment**

Date of Visit: \_\_\_\_\_ Visit Done By (Name): \_\_\_\_\_

Home environment safe & accessible: \_\_\_\_\_

Someone smokes inside home: \_\_\_\_\_ Pet(s) in Home: \_\_\_\_\_

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VOLUNTEER(S) ASSIGNED: \_\_\_\_\_ ID#: \_\_\_\_\_ DATE: \_\_\_\_\_  
 \_\_\_\_\_ ID#: \_\_\_\_\_ DATE: \_\_\_\_\_