



FAITH
IN ACTION

Faith in Action
101 W. Foothills Dr.
Newberg, OR 97132
(503) 537-1549
NewbergFaithinAction@providence.org
www.FaithinActionNewberg.org

Volunteer Application

Name _____ Birthdate _____
(Title) Last First MI month/day/year

Address _____

City/Zip _____ E-mail address _____

Home phone _____ Work Phone _____

May we call you at work? Yes ___ No ___ Days/Hours of Employment _____

Best time to reach you _____

Church affiliation _____

I can volunteer: ___ once a week ___ as needed
___ more than once a week ___ other: _____

If available, are you willing to do on-call jobs with short notice? Yes ___ No ___

Please check the times and days you prefer to volunteer:

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

I can help with:

- ___ Respite Care (relieving a family member for 3-4 hours weekly)
- ___ Transportation/Escort
- ___ Caring companionship
- ___ Light housekeeping
- ___ Telephone reassurance
- ___ Yardwork
- ___ Taking someone shopping
- ___ Shopping or running errands for a person
- ___ Occasional meal preparation
- ___ Minor home repairs
- ___ Help in office

Other information about you that will help us make a good match, such as education, general interest, hobbies, skills:

Are you willing to visit with a smoker? Yes ___ No ___

Do you have allergies to pets? Yes ___ No ___

Languages spoken other than English _____

Do you have any physical limitations? _____

Do you have transportation to get to volunteer assignment? Yes ___ No ___

If no, how will you get to volunteer assignment? _____

WORK EXPERIENCE:

If you have been employed in the last five years, please list the name and address of your present and previous employers and job descriptions.

Employer name, address, phone	Dates employed	Job Title/Duties

REFERENCES:

Please list the name, address and phone number of two personal references not related to you:

DRIVERS LICENSE INFORMATION:

Do you have a valid Oregon Driver's License? _____ Number _____

Name of your Auto Insurance Co. _____

Policy number _____ Expiration date _____

(If you drive for Faith in Action, you must have copies of your license and insurance on file at the Faith in Action office.)

Have you ever been convicted for violation of any laws, traffic or otherwise?

Yes _____ No _____ If yes, describe _____

Emergency Contact _____

Relationship _____ Phone _____

I authorize contact of listed references and employers and understand that a criminal check may be made. I also understand that misrepresentation or omission of facts is cause for non-appointment to a volunteer position with Faith in Action.

Signature _____ Date _____

Training Sessions Attended:

(Office Use Only)