



FAITH IN ACTION FOR CASS COUNTY

Volunteer Registration

Training Date: ___/___/___

Training completed by: _____

Personal Information

Volunteer Name: _____ Birth Date: ___/___/___ M ___ F ___

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Physical Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Do you use Facebook or Twitter? No ___ Yes ___

Church Affiliation: _____ Township: _____

Other Group/Service Affiliations: _____

How did you learn about FIA? _____

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Insurance Info

Mode of transportation: Car: ___ SUV ___ Full Size Truck: ___ Small Pick Up: ___

Other: _____ Trailer Available for use: ___

Driver's License #: _____ State: ___ Expiration Date: _____

Auto Liability Insurance Company: _____

Policy #: _____ Agent: _____ Expiration Date: _____

Please provide a photocopy of your current driver's license and automobile insurance.

Volunteer Background

Do you smoke? Yes ___ No ___ Do you have pets? Yes ___ No ___ Pet Type: _____

Do you leave the area for an extended period of time: Yes ___ No ___ When: _____

What Physical condition(s) should we take into consideration in arranging volunteer services? _____

Occupations (Current &/or Previous): _____

Special interests, hobbies, activities, skills, volunteer experience or other information which will help us make a good volunteer/client match: _____

NAME: _____

Volunteer Information

May we use your name in publicity? Yes ___ No ___ First name only _____

May we use your photo in publicity? Yes ___ No ___

Are you a Veteran? Yes ___ No ___ Are you Vaccinated against Covid-19? Yes ___ No ___

Please note on attached page your availability and your specific interests.

Are you willing to assist a client with pets? Yes ___ No ___ Only if _____

Are you willing to assist a client with children? Yes ___ No ___ Only if _____

Are you willing to assist a client who smokes? Yes ___ No ___ Only if _____

Do you want to be reimbursed for your driving? Yes ___ No ___ Only if _____

Availability

Notes on Availability or Preferences:

References

Please provide us with the names of two persons, not related to you, who have known you for at least 1 year and can serve as references. Indicate their relationship to you.

Name: _____ Phone: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____

Address: _____ Relationship: _____

Signature

I understand that I am required to participate in an orientation session before becoming an active FIA volunteer. Additional training sessions will be offered.

I certify that the facts set forth above are true and complete to the best of my knowledge. My signature on this form is my acknowledgement that I will respect the trust of the persons(s) served and will maintain confidentiality. It also authorizes Faith in Action for Cass County to contact employers and references listed above.

I understand that I am volunteering my services through Faith in Action for Cass County Project and that I am not an employee of Faith in Action for Cass County.

Name: _____ Date: ___/___/___

Faith in Action Volunteer Activity Survey

I am **NOT** available to volunteer at the times marked below (check all that apply):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
EVE							

You can make changes to this at any time – just call. Also, don't forget to call when you go away for a while or have company and don't want to be called. This is just a guideline to help us help you. Many Thanks!

Consider the various ways you can help - please check those that interest you & call if you have questions. You can always make changes to this list by calling the FIA office. We want to find the best matches for you.

Transportation:

- Drive FIA's Accessible Van
- Local driving to/in town 0-30 miles
- Driving 30-100 miles round trip
- Long distances (Fargo, Duluth, St. Cloud, Twin Cities)
- Shopping and/or errands
- Willing to wait long periods
- Take someone to community events
- Take someone to church

Homemaking:

- Sweeping
- Mopping
- Vacuuming
- Dusting
- Dishes/Kitchen
- Clean out refrigerator
- Bathrooms
- Laundry
- Making beds
- Help organize finances/budgeting
- Sorting through papers/boxes/pictures
- Help with computer skills
- Walking/brushing dogs or other pets

Chores:

- Yard work or raking
- Gardening
- Mowing lawn
- Shoveling snow
- Salting icy sidewalks
- Moving boxes
- Moving furniture
- Repair plumbing
- Repair electrical
- Repair carpentry
- Repair small engines or motors
- Cutting & stacking wood
- Installing grab bars
- Building crew for ramps, steps or railings
- Designing ramps, steps or railings

- Painting inside
- Painting outside
- Washing windows
- Changing storm windows to screens and back
- Hanging plastic on windows for winter

Companionship:

- Friendly visiting
 - on a regular schedule (ex. Every other week)
 - once in awhile
- Respite (giving caregivers a break)
 - on a regular schedule (ex. Every other week)
 - once in awhile
- Telephone reassurance
- Delivering meals on wheels
 - on a regular schedule (ex. once/month)
 - as a substitute driver, fill-in as needed
- Playing cards, games, puzzles
- Baking
- Fishing

FIA Ambassador:

- Help at fundraising events, concerts, etc.
- Help at outreach booths for flea markets, festivals
- Move raffle prize 4-wheeler to other locations
- Haul trailer with 4-wheeler in community parade
- Sell raffle tickets for Faith in Action
- Speak at local civic groups, churches, lake assoc.
 - list which _____
- Attend annual Township meeting (in March)
- Help in office i.e. newsletter, mailings, phone
- Track raffle ticket sales in database
- Provide tech support for FIA computers
- Take photos of Faith in Action activities and services
- Assist with FIA New Client Assessments
- Serve on FIA Board of Directors and/or committees
- Distribute flyers or posters in your community

