

Personal Information:

Name: _____ Today's Date: _____

New Volunteers Only:

Street Address: _____ Date of Birth: _____

City, State, Zip: _____ Home Phone: _____

Email Address: _____ Cell Phone: _____

Volunteer Services: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Volunteer Driver | <input type="checkbox"/> Local <input type="checkbox"/> Fairmont <input type="checkbox"/> Mankato <input type="checkbox"/> Mapleton <input type="checkbox"/> Albert Lea
<input type="checkbox"/> Rochester <input type="checkbox"/> St. Paul /Mpls |
| <input type="checkbox"/> Companion/Friendly Visitor/Respite | In-person or telephone visits with elderly. Providing companionship for a person while the caregiver is away. |
| <input type="checkbox"/> Shopping/Delivery | Delivery of produce or food from food shelves or grocery stores. |
| <input type="checkbox"/> Light Housekeeping | Occasional light housekeeping, organizing, etc. |
| <input type="checkbox"/> Fundraisers | Help serve at Waffle Brunch/Fall Fundraiser/etc. |
| <input type="checkbox"/> Lunch and Learn | Help us prepare and serve meals for Lunch and Learn events |
| <input type="checkbox"/> Dementia Friend | Receive <u>Dementia Friend</u> training (1 hour class) and visit a person with dementia. |
| <input type="checkbox"/> Thrivent Action Team | I am a Thrivent Member and would like to use my action team for an event or fundraiser. |

Availability:

Are there any days or times you are not available, or when you prefer to volunteer?

Driver Information (New Volunteers only, or if your insurance policy has changed in the last year)

Drivers' License # _____

Vehicle Insurance

Provider: *(E.g. AllState)* _____ Policy #: _____

Is your driver's license currently valid? Yes No

Has your license ever been revoked? Yes No

In the past 10 years, have you been convicted of a drug/alcohol related motor violation? Yes No

Criminal Record: (New Volunteers only)

Have you ever been convicted of a Crime (besides minor traffic violations) Yes No

If yes, explain:

References: (New Volunteers only)

Three people who are not related to you and have known you for at least one year:

	Name:	Address:	Phone:
1			
2			
3			

Allergies/Sensitivities

Do you have any allergies or sensitivities to pets, smoke, or fragrances?

Consent Signature:

As a volunteer for Interfaith Caregivers, I agree to the following:

- I agree to give consent to Interfaith Caregivers to use the information provided to perform a background check. Background checks are performed at the time of enrollment, and are may be repeated anytime I am enrolled as a volunteer.
- I agree to abide by Interfaith Caregivers' Confidentiality Agreement and never disclose without permission a client's name or information about their health, or any other information of a personal nature, unless mandated to report abuse or exploitation involving a vulnerable adult.
- When driving as a volunteer, I agree to abide by Interfaith Caregivers' Driver Safety Policy. I confirm that I have received this written policy and that I must possess a valid driver's license, adequate auto insurance, and must report any major accidents or driving violations that occur after becoming a volunteer.
- I understand that as a volunteer, I am responsible to report any instances of suspected abuse, neglect (including self-neglect), or financial exploitation of vulnerable adults. I agree to notify Interfaith Caregivers if I suspect the maltreatment of a client.

Signature:

Date::

Interfaith Caregivers
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