



2350 Main St., Suite 2, Wheeling, WV 26003
304-243-5420

FAITH
IN ACTION

Office Use	
Orient. Date	_____
Date Entered CW	_____
ID	_____

Personal Information

Name _____ Gender _____

Address _____

City, State, Zip _____ County _____

Birth Date _____

Neighborhood (example: Woodsdale, Richland Township) _____

Home Phone _____ Home Email _____

Cell Phone _____ Fax _____

Employed Yes _____ No _____ Employer _____

Contact at work Yes _____ No _____ Work Phone _____

Student Yes _____ No _____ School/College _____

Congregation Affiliation _____

Volunteer Notes Email _____ US Mail _____

Volunteer assignments Email _____ Phone _____

Volunteer Interests

- _____ Errands
- _____ Medicine Pick-up
- _____ Respite Care
- _____ Shop FOR a Person
- _____ Shop WITH a person
- _____ Telephone Reassurance Calls
- _____ Visiting

Transportation

- _____ Local Service Area
- _____ Morgantown
- _____ Pittsburgh
- _____ Steubenville
- _____ Washington, PA
- _____ Weirton

Program Support

- _____ Help with Fund Raising Projects
- _____ Gift Card Buying/Selling
- _____ Events
- _____ Office Volunteering

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

I can volunteer once a week _____ more than once a week _____ as needed _____.

Available for last minute requests (at your convenience) _____

Comments: _____

Matching Information:

Do you smoke Yes _____ No _____, Will you help someone who smokes Yes _____ No _____
Are you allergic to pets Yes _____ No _____, Will you help someone with pets Yes _____ No _____
Do you have a physical condition that may limit your volunteer activities Yes _____ No _____
If so, please describe; _____

Screening Information:

Do you have a vehicle for volunteer assignments Yes _____ No _____
Drivers License Yes _____ No _____ # _____
Vehicle Insurance Yes _____ No _____ # _____
Color, Make & Model _____

How did you become interested in volunteering with FIAC _____

Emergency Contact

Name _____
Address _____
Relationship _____
Home Phone _____ Cell _____

Volunteer Signature **Date**