



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

FAITH
IN ACTION

Office Use	
Orient. Date	_____
Date Entered BF	_____
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 assignments Email _____ Phone _____ Text _____

Volunteer Interests:

Transportation

- _____ Dialysis Treatments
- _____ Medical Appointments
- _____ Medicine Pick-up
- _____ Errands
- _____ Shop FOR a Person
- _____ Shop WITH a person

Other:

- _____ Telephone Reassurance Calls
- _____ Visiting

Program Support

- _____ Help with Fund Raising Projects
- _____ Events

An Idea of Your Availability (this does NOT indicate commitment – any volunteering is APPRECIATED)

I can volunteer once a month ____ 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:

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