156 Kruger St, Suite B, Wheeling, WV 26003
304-238-9124

VOLUNTEER APPLICATION

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

FAITH IN ACTION

Personal Information

Name… _____

Address…_____

City, State, Zip…_____ County…_____

Birth Date… _____

Neighborhood (example: Woodsdale, Richland Township… _____

Home Phone… _____ Email…_____

Cell Phone.. _____ Work Email… _____

Employed… Yes _____ No _____ Employer _____

Contact at work… Yes _____ No _____ Work Phone _____

Student… Yes _____ No _____ School/College _____

Congregation Affiliation…_____

How would you prefer receiving Volunteer Requests & Reminders…

Email _____

Phone _____ Text _____

Volunteer Interests:

Transportation

_____ Dialysis Treatments
_____ Medical Appointments
_____ Errands
_____ Shop FOR a Person
_____ Shop WITH a person
_____ Hair Appointments

Program Support

_____ Help with Fund Raising Projects
_____ Events

Individual 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; _____

_____

Vehicle 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**