



# JACKSON COUNTY INTERFAITH VOLUNTEER CAREGIVERS

*P.O. Box 354, Black River Falls, WI 54615  
Telephone: 715-284-7058  
Email: [interfaith@jcivc.org](mailto:interfaith@jcivc.org) Website: [jcivc.org](http://jcivc.org)*

## VOLUNTEER APPLICATION

Today's Date \_\_\_\_\_

Name \_\_\_\_\_  
(First) (MI) (Last)

Birth Date \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Days & Hours at Work \_\_\_\_\_

May we call you at work? \_\_\_ Yes \_\_\_ No Work Phone \_\_\_\_\_

Congregation/Faith Affiliation \_\_\_\_\_

### **Services I could provide to a care receiver are as marked below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Time for You Respite Volunteer                   | <input type="checkbox"/> Phone Calls (routinely for reassurance) |
| <input type="checkbox"/> Companionship (friendly visiting)                | <input type="checkbox"/> Small household fix-it jobs             |
| <input type="checkbox"/> Shopping (errands with or for a care receiver)   | <input type="checkbox"/> Snow Shoveling or Mowing Lawn           |
| <input type="checkbox"/> Assistance with Paperwork (letters, bills, etc.) | <input type="checkbox"/> Chores (minor repairs or yard work)     |
| <input type="checkbox"/> Housekeeping (light cleaning/laundry)            | <input type="checkbox"/> Light Meal Preparation (occasional)     |

### **Transportation/Escort:**

- Provide transportation to church (please specify which one) \_\_\_\_\_
- Provide transportation to medical appointments
- Provide transportation to social activities
- Provide transportation out of town

### **Other:**

- |   |  |
|---|--|
| <input type="checkbox"/> Reading for our Visually Impaired Program            | <input type="checkbox"/> Deliver books for our Library to Go program |
| <input type="checkbox"/> Mentor elementary students in a school-based setting | <input type="checkbox"/> Provide occasional support for new mothers  |

### **Office Help:**

- |  |   |
|--|---|
| <input type="checkbox"/> Help with fundraising                 | <input type="checkbox"/> Serve on Board of Directors  |
| <input type="checkbox"/> Work on labeling and mailing projects | <input type="checkbox"/> Serve on advisory committees |

### **My expectation for volunteer service includes the following:**

- |   |    |   |
|---|----|---|
| <input type="checkbox"/> I can volunteer once a week    | OR | <input type="checkbox"/> I can volunteer once a month     |
| <input type="checkbox"/> I prefer an ongoing assignment | OR | <input type="checkbox"/> I prefer a short-term assignment |

### **Some days and times are better than others. My availability is best marked by the X's below:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Information helpful for matching:**

Educational background \_\_\_\_\_  
Work background (current or previous) \_\_\_\_\_  
Hobbies / Interests \_\_\_\_\_  
A physical condition that may limit activities \_\_\_\_\_

**Assignment preferences:**

Concerns if matched with smoker? \_\_\_Yes \_\_\_No                      Concerns if pet in the home? \_\_\_Yes \_\_\_No  
Prefer volunteering with: \_\_\_Males \_\_\_Females \_\_\_Children \_\_\_Any

**Areas of Jackson County you prefer to volunteer:**

\_\_\_Alma Center                      \_\_\_Hixton                      \_\_\_Merrillan                      \_\_\_Northfield  
\_\_\_Black River Falls                      \_\_\_Ho-Chunk Mission                      \_\_\_Millston                      \_\_\_Pray / City Point  
\_\_\_Hatfield                      \_\_\_Melrose                      \_\_\_North Bend                      \_\_\_Taylor

**For those who provide transportation:**

Do you have a valid driver's license? \_\_\_Yes \_\_\_No  
I will be driving: \_\_\_2 door Sedan \_\_\_4 door Sedan \_\_\_Mini Van \_\_\_SUV \_\_\_Pickup  
Do you have an automobile liability insurance policy? \_\_\_Yes \_\_\_No  
Name of insurance company \_\_\_\_\_ Policy number \_\_\_\_\_  
Have you ever had your driver's license revoked: \_\_\_Yes \_\_\_No

**Emergency Contact:** \_\_\_\_\_  
Name    Relationship to you    Phone number(s)

**References:**

Please provide three names, not related to you, who have known you for at least one year, who can serve as references: ***PLEASE PRINT***

	<u>Name</u>	<u>Complete Mailing Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**Jackson County Interfaith Volunteer Caregivers, is a faith based organization providing services to older adults, disabled individuals and people with special needs. We will take into consideration all needs. However, to ensure the safety of the volunteers and care receivers, it is the board's policy to do a background screening on both the care receivers and volunteers.**

**I understand that I will be requested to participate in a one hour orientation session on Caregiver Volunteering.**

**I understand that any false statements made as a part of this application may be considered sufficient cause for dismissal.**

**I authorize permission for named references to release personal/professional information to the Interfaith Office. I also consent to an annual police record search and a Department of Motor Vehicles check. I further release Jackson County Interfaith Volunteer Caregivers, Inc., Black River Falls, WI, as well as those supplying said information, from any and all liability from these investigations.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Please send completed form to: JCIVC, P.O. Box 354, Black River Falls, WI 54615