



Faith in Action Community Connection  
248 State Street, Suite 51, Mill Mall  
P.O. Box 5072 , Ellsworth, Maine 04605  
Telephone & Fax: 207-664-6016  
e-mail: fia@gwi.net

## VOLUNTEER REGISTRATION FORM

### PERSONAL INFORMATION

Name \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

### Volunteer interests (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> escort/transportation | <input type="checkbox"/> meal delivery      | <input type="checkbox"/> help in FIACC office    |
| <input type="checkbox"/> friendly visits       | <input type="checkbox"/> meal preparation   | <input type="checkbox"/> shopping/errands        |
| <input type="checkbox"/> fund-raisers          | <input type="checkbox"/> yard work/chores   | <input type="checkbox"/> writing letters/reading |
| <input type="checkbox"/> respite visits        | <input type="checkbox"/> minor home repairs | <input type="checkbox"/> telephone reassurance   |

### Placement preference (check all that apply):

I can volunteer:

once a week  more than once a week  as needed

occasionally (every other week or once a month at most)

TIMES OF DAY:  morning  mid-day  afternoon  evening

DAYS OF WEEK  Mon  Tues  Wed  Thurs  Fri  Sat  Sunday

### Matching Information:

General interests, skills, experiences, languages and hobbies:

---

---

---

Do you smoke?  yes  no

Are you allergic to pets?  yes  no

List any special considerations for your placement (distance from home, preference for age or gender of care recipient)? \_\_\_\_\_

What do you anticipate will be the best aspect of volunteering for Faith in Action Community Connection ? \_\_\_\_\_

**Screening information:**

Do you have a valid driver's license?   \_\_yes       \_\_no

License number \_\_\_\_\_

Insurance company \_\_\_\_\_

Policy number \_\_\_\_\_

Have you ever been convicted for violation of any laws, traffic or otherwise? \_\_yes \_\_no

If yes, please explain \_\_\_\_\_

Do you have any physical condition that may limit your volunteer activities? \_\_yes \_\_no

If yes, please explain \_\_\_\_\_

**Emergency contact:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**References:**

Please list three persons we may contact who are not family members. You may include employers, teachers, religious leaders or others whose relationship to you is more than a personal friend.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Address \_\_\_\_\_

*I hereby give Faith in Action Community Connection permission to contact my references: to contact my employers, past and present, and to conduct a routine police check.*

\_\_\_\_\_  
*Signature of volunteer*

\_\_\_\_\_  
*Date*