



Name Last _____ First _____ MI _____

Address _____ City _____ County _____

State _____ Zip _____ Phone _____ - _____ - _____ DOB _____ / _____ / _____
Month Day Year

Religious Affiliation _____ Congregation (or last church attended) _____
(Optional) (Optional)

Employer _____ Phone _____ - _____ - _____

Employer Address _____ City _____

May we contact you at work? Yes No Hours of Employment _____ to _____

Previous Volunteer Experience _____

Please list name, address, and contact person of present or previous volunteer experience

Please list any information that will help us make a good match, such as education, general interest/hobbies/skills:

Please check the time you would prefer to volunteer:

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

On average, how many times a week would you be interested in providing transportation? _____

Please check the communities where you would be willing to provide transportation:

- | | | | |
|---|--------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Alhambra | <input type="checkbox"/> Belleville | <input type="checkbox"/> Cahokia | <input type="checkbox"/> Duplo |
| <input type="checkbox"/> Fairview Heights | <input type="checkbox"/> Freeburg | <input type="checkbox"/> New Athens | <input type="checkbox"/> Highland |
| <input type="checkbox"/> Lebanon | <input type="checkbox"/> Mascoutah | <input type="checkbox"/> New Baden | <input type="checkbox"/> O'Fallon |
| <input type="checkbox"/> Scott AFB | <input type="checkbox"/> Shiloh | <input type="checkbox"/> Smithton | <input type="checkbox"/> St. Jacob |
| <input type="checkbox"/> St. Louis | <input type="checkbox"/> Summerfield | <input type="checkbox"/> Trenton | <input type="checkbox"/> Troy |

Do you have a valid Illinois Driver's License? Yes No Do you have valid car insurance? Yes No

Any physical limitations that would prevent you from doing certain jobs?

I am willing to assist frail, elderly individuals with the following caregiver ministries:

- | | | |
|---|---|--|
| <input type="checkbox"/> Errand Running | <input type="checkbox"/> Friendly Phone Calls | <input type="checkbox"/> Shopping for/with CareReceiver |
| <input type="checkbox"/> Small home fix-it jobs | <input type="checkbox"/> Yard work/snow removal | <input type="checkbox"/> Transportation (appointments, Church, social activities etc.) |

Why are you interested in volunteering with the Volunteer Interfaith Caregivers program?

References – please provide us with the names of two persons, not related to you, who have known you for at least one year and can serve as a reference. Please indicate their relationship to you.

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Relationship _____ Phone _____ - _____ - _____

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Relationship _____ Phone _____ - _____ - _____

In case of an emergency contact:

Emergency Contact _____ Relationship _____

HM Phone _____ - _____ - _____ WK Phone _____ - _____ - _____

Source of Referral Self Social Agency Family Church Health Organization Civic Group
 Flier Newspaper Volunteer Match FIA website Other _____