



A Neighbor's
Independence
Depends On You

FAITH
IN ACTION

Faith in Action of Marathon County, Inc.

630 Adams Street
Wausau, WI 54403
(715) 848-8783

Email: wausaufiainfo@gmail.com
www.faithinactionmarathoncounty.org

****For Office Use Only****

(Date and Initial/entry)

Application Received: _____

Application Processed: _____

VOLUNTEER REGISTRATION

*****Please print all information unless a signature is required*****

Name: _____ Date of Birth: _____

(First) (MI) (Last)

(Street) (City) (Zip Code)

Home/Cell Phone: _____ Email Address: _____

Employer: _____ Days & Hours at work: _____

May we call you at work? ___Yes ___No Work Phone: _____

Emergency Contact: _____

(Name) (Relationship to you) (Phone number/s)

(Street Address) (City) (State) (Zip Code)

***** All personal information will be held with other confidential information at the Faith in Action Office and is used for statistical reporting only. *****

Services I could provide to a care receiver areas marked below:

- Transportation for Grocery Shopping (with Care Receiver)
- Transportation (to &/or from Medical Appointments)
- Food Pantry Deliveries (every 2 weeks)
- Friendly Visiting (in their home)
- Friendly Phone calls (for reassurance)
- Senior Home Safety Installations

The assistance I could provide the Faith in Action office areas marked below:

- Answering phones and data entry.
- Help with fundraising
- Work on large mailing projects
- Send cards to volunteers /care receivers
- Help with newsletter
- Serve on the FIAMC Board of Directors

My expectation for volunteer service includes the following:

- I can volunteer once a week
- I can volunteer once or twice a month
- I prefer a short-term assignment
- I can volunteer for special projects only (one or two times each year)
- I prefer an ongoing assignment
- I would like to talk about this.

SCREENING INFORMATION

Every applicant for a *Faith In Action* assignment must have a National Criminal Background Check, a WI Driver's License check completed, and provide two personal references that are not family members. **Please complete the following contact information for your references and answer questions 3 – 5.**

Personal References: (please print clearly)

1. Name _____ Relationship to you: _____

(Street) (City) (State) (Zip Code)

2. Name _____ Relationship to you: _____

(Street) (City) (State) (Zip Code)

3. Do you have criminal charges pending against you or were you ever convicted of any crime anywhere, including federal, state, local, or military and tribal courts? ___ Yes ___ No

If yes, please explain:

4. Have you resided outside of Wisconsin in the last 3 years? ___ Yes ___ No

If yes, list each state and the dates you lived there:

5. Have you had a caregiver's background check done within the last 4 years? ___ Yes ___ No

If yes, list the date of each check and the name of the organization/facility/agency that conducted each check:

I understand under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a forfeiture of up to \$1,000.00 and other sanctions as provided in HFS 12.05 (4), Wis. Adm. Code.

I also understand the screening requirements mentioned above and authorize Faith in Action of Marathon County, Inc. to process the paperwork for the national criminal background check, the DMV/DOT driver's license check, and to contact my references.

(Applicant's Signature)

(Date)

For all those interested in providing transportation: (please provide this additional information)

Valid WI Driver's License: ___ Yes ___ No Driver's license # **(Required):** _____

Copy of license to be kept on file.

I will be driving a: ___ Sedan (2-door) ___ Sedan (4-door) ___ Mini-Van ___ SUV ___ Pickup

Proof of valid Car Insurance: Name of Insurance Co: _____ (If changes, must notify FIAMC)

The copy of the Insurance Card needs to be updated every year.

Do you have liability insurance equal to or greater than the minimum limits required by the State of WI and agree to keep that coverage on your auto while volunteering? ___ Yes ___ No