



FACILITATING INDEPENDENT LIVING

FOR OFFICE USE ONLY			
[]	ED	[]	DB
[]	SC	[]	RS

Volunteer Application

Tell Us About You:

Date: _____

How did you hear about us? [] friend [] church [] social media [] newspaper
[] mailing [] other _____

Please circle the title you prefer we use: Dr. Mr. Mrs. Ms. Miss

Name: _____

Do you use a nickname? _____ Date of Birth ____/____/____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: () _____ Cell Phone: () _____

Which number is best way to reach you? [] Home [] Cell

Which social media do you use? _____

If Twitter or Instagram, what is your Twitter or Instagram name? _____

Please indicate Religious Affiliation: _____

Current House of Worship & Town it is in: _____

What is/was your profession? _____

What are your skills, interests and hobbies? _____

Are there any physical considerations, such as allergies, mobility, or lifting issues that could affect which assignment you can take? _____

Tell Us What You Would Like To Do:

Please check services you would be willing to provide.

- _____ Companionship (visiting a client)
- _____ Respite care (visiting a client so caregiver gets a break)
- _____ Telephone reassurance
- _____ Provide a meal on an occasional basis
- _____ Grocery shop for someone
- _____ Transportation (appointments, errands, etc.)

Will you drive to Philadelphia for medical appointments? [] Yes [] No

_____ **Volunteer in the office** (use computer to match clients in need to volunteers who are available)

_____ **Serve on a committee** (permanent committees like finance, personal, fundraising, public relations, etc. or event committees)

Tell Us When You Are Likely to be Available to Help Clients:

[] My schedule varies weekly

[] I am usually available on the days indicated below:

Days	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

COVID-19 INFORMATION

We recommend that all seniors using our services be vaccinated for Covid-19. Have you received or are you scheduled to receive them? _____

Date of second vaccination _____

VEHICLE INFORMATION:

THE FOLLOWING IS REQUIRED BY OUR INSURANCE COMPANY

We must have a copy of your driver's license, registration, and insurance card!

Driver's License #: _____

Expiration Date: _____

Make/Model of Vehicle: _____

Type of Vehicle:

sedan, 2 door sedan, 4 door crossover/ small SUV large SUV minivan

If large SUV, is it equipped with a step to facilitate easier access for clients?

Is the vehicle air conditioned? _____

Will children accompany you on assignments? Yes No

EMERGENCY CONTACT INFORMATION

Contact _____

Address (if other than your own) _____

Town: _____ Relationship: _____

Best Number to Use: () _____

When Interfaith Caregivers applies for grants we are asked to provide information on the racial backgrounds of clients and volunteers. To facilitate getting this financial support please check as many as you feel applies to you.

American Indian or Alaska Native

Hispanic

Asian

Native Hawaiian/Other Pacific Islander

Black or African American

White