



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**

### REQUEST FOR A VOLUNTEER

#### Personal Information

Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (MI) (Last)

\_\_\_\_\_  
(Street) (City) (Zip Code)

Home Phone: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Gender: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_ English \_\_\_\_\_ Hmong \_\_\_\_\_ Spanish \_\_\_\_\_ Other \_\_\_\_\_

Living Arrangements: \_\_\_ living alone \_\_\_ w/spouse \_\_\_ w/other \_\_\_\_\_

Pet(s) in Home? \_\_\_ yes \_\_\_ no; If yes, please specify: \_\_\_\_\_

Someone smokes inside home? \_\_\_ yes \_\_\_ no

Emergency Contact/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Health Status

Physical Conditions: \_\_\_\_\_

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_ Communication: \_\_\_\_\_

Aids (cane, walker, wheelchair, glasses, hearing aid, etc.): \_\_\_\_\_

Social Contacts: \_\_\_ Many \_\_\_ Some \_\_\_ Few

Other Help Being Provided (relatives, friends, agencies): \_\_\_\_\_

#### Services Requested

- |   |  |
|---|--|
| ___ Transportation (to or from appointments)          | ___ Phone calls (routinely for Conversation or reassurance)      |
| ___ Companionship/Friendly Visiting                   | ___ Respite Care (2-4 hr. break for a caregiver)                 |
| ___ Shopping with/person to do shopping for you       | ___ Minor Home Repair (no electrical or plumbing work)           |
| ___ Light Housekeeping (mop, dust, windows)           | ___ Meal Preparation (occasional)                                |
| ___ Assistance with Paperwork (bills, letters, cards) | ___ Yard Work (grass cutting, raking, trim work, shoveling snow) |

Date(s) or Frequency Needed (i.e. once a month, once a week, etc.) \_\_\_\_\_

*(Continued on reverse side)*

**Transportation**

\_\_\_\_\_ Transportation to Church (Please specify) \_\_\_\_\_

\_\_\_\_\_ Transportation to Local Medical Appointments \_\_\_\_\_

\_\_\_\_\_ Transportation to Social Activities \_\_\_\_\_

\_\_\_\_\_ Transportation Out of Town \_\_\_\_\_

Date(s) or Frequency Needed: \_\_\_\_\_

**Volunteer Match Information**

Please list your hobbies, interests, or special skills, etc. \_\_\_\_\_

Is there something specific you'd like to share with a volunteer? \_\_\_\_\_

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Faith in Action of Marathon County, Inc. is partially funded by grants. Certain demographic information is needed on many grants, so we would ask for your cooperation in providing the following information. Please be assured that all personal information will be kept strictly confidential.

Race:

- |   |   |
|---|---|
| <input type="checkbox"/> White/Caucasian              | <input type="checkbox"/> Asian                            |
| <input type="checkbox"/> Hispanic or Latino           | <input type="checkbox"/> American Indian/Alaska Native    |
| <input type="checkbox"/> Black/African American       | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Other race/two or more races | <input type="checkbox"/> unknown                          |

How many people in your primary household? \_\_\_\_\_ What is the total annual household income? \_\_\_\_\_

**Confidentiality Agreement**

Volunteers are taught that they should not share your name or any information about you that would identify you to persons not involved with your care, without your permission.

To help us meet your needs, we request that you give permission to authorize program staff, community agencies, and volunteers to share information, as needed, about your health status, history, and current needs so we can best serve you.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_