



A Neighbor's  
Independence  
Depends On You

**Faith in Action of Marathon County, Inc.**  
**630 Adams Street**  
**Wausau, WI 54403**  
**(715) 848-8783**

**FAITH**  
**IN ACTION**

### Volunteer Registration

Today's Date: \_\_\_\_\_

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

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

Home 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)

Church Affiliation: \_\_\_\_\_

**Services I could provide to a care receiver are as marked below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Transportation (to or from appointments) | <input type="checkbox"/> Phone calls (routinely for reassurance)         |
| <input type="checkbox"/> Companionship (friendly visiting)        | <input type="checkbox"/> Respite Care (2-4 hr. break for caregiver)      |
| <input type="checkbox"/> Housekeeping (light cleaning/laundry)    | <input type="checkbox"/> Shopping (errands with or for care receiver)    |
| <input type="checkbox"/> Meal Preparation (occasional)            | <input type="checkbox"/> Assistance with Paperwork (letters, bills, etc) |
| <input type="checkbox"/> Snow shoveling / Walkway De-Icer         | <input type="checkbox"/> Chores (minor home repairs or yard work)        |
| <input type="checkbox"/> Yard Work / Lawn Mowing / Raking         | <input type="checkbox"/> Ramp Building w/Wausau Elks Club                |

**Assistance I could provide the Faith in Action office are as marked below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Help with fundraising                  | <input type="checkbox"/> Help with newsletter                  |
| <input type="checkbox"/> Work on large mailing projects         | <input type="checkbox"/> Publicity/speaking                    |
| <input type="checkbox"/> Send notices to volunteers             | <input type="checkbox"/> Send correspondence to care receivers |
| <input type="checkbox"/> Serve on the FIA-MC Board of Directors | <input type="checkbox"/> Serve on a subcommittee               |
| <input type="checkbox"/> Spring Clean Up/Fall Clean Up          | <input type="checkbox"/> Spring Baskets/Holiday Gift Boxes     |

**My expectation for volunteer service includes the following:**

- |   |           |  |
|---|-----------|--|
| <input type="checkbox"/> I can volunteer once a week    | <b>OR</b> | <input type="checkbox"/> I can volunteer only once a month |
| <input type="checkbox"/> I prefer an ongoing assignment | <b>OR</b> | <input type="checkbox"/> I prefer a short-term assignment  |

**I can be available to volunteer as marked below with an "x":**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**Information helpful for matching:**

Work background: \_\_\_\_\_

Educational background: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

A physical condition that may limit activities: \_\_\_\_\_

**Assignment Preferences:**

Location/Distance you will travel \_\_\_\_\_

Concerns if matched with smoker?  Yes  No

Concerns if a pet in the home?  Yes  No

Concerns with gender of the care receiver?  Yes  No Explain: \_\_\_\_\_

Any addition information the Program Director/Volunteer Coordinator should know: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For all those willing to provide transportation:**

Valid WI driver's license:  Yes  No Driver's license number: \_\_\_\_\_

I will be driving:  Sedan 2-dr.  Sedan 4-dr.  Van/Mini Van  SUV  Pickup

Proof of valid car insurance: Attach copy of insurance card (can be done at orientation)

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

**SCREENING INFORMATION:**

Every applicant for a *Faith In Action* assignment must have a Wisconsin State 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 in 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 caregivers background check done within the last 4 years? \_\_\_Yes \_\_\_No

If yes, list the name of the organization/facility/agency that conducted each check and date checked.  
\_\_\_\_\_

**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 criminal background check and driver's license check and to contact my personal references.**

\_\_\_\_\_  
(Applicant signature)

\_\_\_\_\_  
(Date)

How did you learn about *Faith in Action of Marathon County*? \_\_\_\_\_

Once involved in the program, do you permit staff to identify your name and congregational affiliation in print as someone associated with *Faith in Action of Marathon County, Inc.*?

\_\_\_\_\_ Yes, you may print my name and congregational affiliation.

\_\_\_\_\_ No, do not print my name and congregational affiliation.

