



**Friends
in Action**

Volunteer Registration Form

Personal Information

Name: _____ Date of Birth _____

Telephone (H) _____ (W) _____ (Cell) _____

Address _____

Email _____

Occupation _____

Volunteer Interests (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> escort/transportation | <input type="checkbox"/> meal delivery | <input type="checkbox"/> help in FIACC office |
| <input type="checkbox"/> friendly visits | <input type="checkbox"/> help at Senior Center | <input type="checkbox"/> shopping/errands |
| <input type="checkbox"/> fund-raisers | <input type="checkbox"/> yard work/chores | <input type="checkbox"/> writing letters/reading |
| <input type="checkbox"/> respite visits | <input type="checkbox"/> minor home repairs | <input type="checkbox"/> telephone reassurance |

Placement preference (check all that apply):

I can volunteer:

- once a week more than once a week as needed
 occasionally (every other week or once a month at most)

Times of Day: morning mid-day afternoon evening

Days of Week: Mon Tues Wed Thurs Fri Sat Sunday

Matching Information:

General interests, skills, experiences, languages and hobbies:

Do you smoke? yes no

Are you allergic to pets? yes no

List any special considerations for your placement (distance from home, preference for age or gender of care

Recipient) ? _____



What do you anticipate will be the best aspect of volunteering for Friends in Action?

Screening information:

Do you have a valid driver's license? _____ yes _____ no

License number _____ Expiration Date: _____

Insurance company _____

Policy Number _____ Expiration Date: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? _____ yes _____ no

If yes, please explain

Do you have any physical condition that may limit your volunteer activities? _____ yes _____ no

If yes, please explain

Emergency contact:

Name _____ Phone _____ Relation _____

References:

Please list three persons we may contact who are not family members. You may include employers, teachers, religious leaders or others whose relationship to you is more than a personal friend.

Name _____ Phone _____ Relation _____

Address

Name _____ Phone _____ Relation _____

Address

Name _____ Phone _____ Relation _____

Address

I hereby give Friends in Action permission to contact my references; to contact my references; to contact my employers, past and present and to conduct a routine police check:

Sign _____



Friends in Action and Volunteer Agreement

I. Friends in Action

We at Friends in Action agree to accept (subject to approval of three references and a routine police background check) the services of _____ and we commit to the following:

- To provide sufficient information, training, and assistance for the volunteer to be able to meet the responsibilities of the position.
- To ensure reasonable supervisory aid to the volunteer and to provide feedback on their performance.
- To respect the skills, dignity, and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
- To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks
- To treat the volunteer as an equal partner with the FIA Program staff, jointly responsible for accomplishment of the program mission.

II. Volunteer

I, _____, agree to serve as a volunteer and commit to the following:

- To perform my volunteer duties to the best of my ability
- To adhere to Friends in Action policies and procedures, including any recordkeeping requirements and confidentiality of FIA and client information.
- To meet time and duty commitment, or to provide adequate notice so that alternate arrangements can be made
- To act at all times as a member of the team responsible for accomplishing the mission of Friends in Action

III. Agreed to

Volunteer: _____ Date: _____

Friends in Action
Representative: _____ Date: _____



CONFIDENTIALITY STATEMENT

Our belief is that privacy and confidentiality are the rights of all individuals. All employees, board members and volunteers are obligated to respect and protect the privacy and confidential information entrusted to them regarding clients, employees, peers who are involved in the various activities of Friends in Action. All employees and volunteers are expected to support the right of neighbor-recipients to open and confidential communication. It is our belief that the maintenance of confidentiality provides the foundation for open communication and trusting relationships.

I AGREE TO RESPECT AND PROTECT THE PRIVACY AND CONFIDENTIAL INFORMATION ENTRUSTED TO ME REGARDING FRIENDS IN ACTION CLIENTS ("NEIGHBOR-RECIPIENTS"), EMPLOYEES AND PEERS IN THE COURSE OF MY ACTIVITIES WITH FRIENDS IN ACTION.

SIGNED: _____

PRINT NAME: _____

DATE: _____