

VOLUNTEER APPLICATION

Name _____
Address _____ Town _____
Zip _____
Phone: Day _____
Evening _____
E-mail address _____
Do you own a car? _____ yes _____ no
Hobbies, Skills, Special Interest/Training (i.e. computer, gardening, auto repair) _____
—

Previous volunteer experiences:
Name and address of organization _____

Duties _____
Name and address of organization _____

Duties _____
Type of volunteer work interested in:
_____ Transportation to medical appointments _____ Newsletter
_____ Respite care _____ Office Support
_____ Telephone reassurance _____
Computer
_____ Assistance with paperwork _____ Special Events Fundraising
_____ Weekly friendly visitor

How many days per week? _____ How many hours per week? _____
Please check timeframes available and indicate hours (i.e. 6:30pm - 8:30pm)

Are there any medical or other limitations on the type of work you can do?

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Person to notify in an emergency: Name _____

Phone _____

I have a valid NJ driver's license, carry valid NJ automobile insurance and will maintain both in force. ___ yes ___ no (Please complete even if you are not volunteering for transportation. This way you will be covered if you change your mind). Please send a copy of your driver's license attached to your application.

Language(s) Spoken: _____

Current Employer (if applicable) _____

Job Title: _____ **If Retired Past Occupation:** _____

How did you hear about our program?

Why are you interested in volunteering with the Interfaith Network of Care, Inc.?

What are your gifts of the hands, head, & heart?

Please list two references (do not include relatives)

Name: _____ **Tele#** _____

Address: _____

Name: _____ **Tele#** _____

Address: _____

Your

Signature: _____ **Date:** _____

For Office Use Only:

Congregation Affiliation _____

Trained Date _____