



Carquinez Village in Association with Faith in Action
Volunteer Application Form

Name _____ Date of Birth _____

Address _____ City/Zip _____

E-Mail _____

Home Phone _____ Cell Phone _____

May we call work? [] Yes [] No [] n/a Work number _____

With whom are you willing to be paired? [] Male [] Female [] Either

To whom would you wish to provide services? [] Frail elderly [] Disabled
[] Terminally ill [] Any

Have you worked with any of these populations before? (please explain) _____

Why are you interested in working with this program? _____

Please check the services you would like to provide:

- ___Transportation escort (1:1) ___Technological assistance
___Transportation with wheelchair ___Yard Work/Gardening
___Driver (shuttle members to events) ___Personal business help
___Meal preparation ___Notetaking at medical visits/meetings
___Friendly visits ___Social/cultural programs
___Handy person ___Community outreach
___Grocery shopping/errands ___Administrative or committee work
___Light housework ___Fundraising (grant writing, events, decorating)
___Respite for caregivers ___Governing Board (2 year commitment)
___Friendly phone calls

Do you drive? [] Yes [] No Have a car? [] Yes [] No *CDL number _____ Expires _____

*Car insurance carrier _____ Policy number _____

Insurance coverage limits _____ Expiration date _____

*Please attach copy of your license and proof of insurance for our secure files.

Please check areas to which you are willing to provide transportation.

- [] Benicia [] Pleasant Hill/ Martinez [] Fairfield
[] Vallejo [] Concord [] Vacaville
[] Walnut Creek [] Napa [] Davis

If you are willing to provide transportation, what days or hours are you generally NOT available? _____

If needed, may we match you with a smoker? Yes No

Volunteers who smoke are asked to refrain from smoking even if matched with a smoker.

May we match you with a pet owner? Yes No Do you have pet allergies? Yes No

Do you speak a language other than English? Yes No

If yes, what other language(s)? _____

Do you know American Sign Language? Yes No

Can you be called upon to translate? Yes No

How did you learn of Carquinez Village? _____

Have you ever been convicted of a crime? If yes, please explain _____

After you complete your training day, you will need to provide your Social Security number and additional information for a background check. Having a conviction does not necessarily preclude you from volunteering. Any information shared is strictly confidential.

Please list **five** personal references who are not members of your family or household. (A minimum of **three** references must be completed prior to volunteer service.)

NAME	ADDRESS	PHONE

Emergency Contact Name _____

Emergency Contact Address _____

Emergency Contact Phone Home _____ Cell _____ Work _____

All of the above information is true and correct to the best of my knowledge. I understand that, should I be selected as a volunteer, I will provide services to Carquinez Village's members and guests to the best of my abilities. All information shared with me, by either the agency or the members, will be kept confidential. I also understand that Carquinez Village is an organization that provides services to members regardless of race, ethnicity, gender, gender identity, sexual orientation, disability, or religious preference. Any child under the age of 18 must have the written permission of a parent or legal guardian to volunteer. A responsible adult must be present and take responsibility for a child to complete expected volunteer responsibilities.

SIGNATURE _____

PARENT OR GUARDIAN signature if under 18 years old _____

DATE _____

Application can be mailed to Carquinez Village Volunteers
P.O. Box 207
Benicia, CA 94510

Application can be emailed to carquinezvillagevolunteer@gmail.com

Carquinez Village phone number 707.297.2472 (call for more information)