



Hands of Grace Faith in Action
104 Monroe Street, Suite 2, Delta, Ohio 43515 Phone #: 419-822-3556
Volunteer Application



PLEASE PRINT

Date: _____

Name: _____ Phone: _____ Work Phone: _____

Address: _____ City/State: _____ Zip: _____

E-Mail Address: _____ Fax Number: _____ Name Called By: _____

Occupation: _____ Employer: _____

**** How do you feel about serving those in need?**

Personal Information:

Birth Date: _____

Retired, please circle: Y or N

Allergic to pets, please circle: Y or N

Sex, please circle: M or F

Dislike pets, please circle: Y or N

Smoker, please circle: Y or N

Had CPR training, please circle: Y or N

Do you have a valid driver's license?, please circle: Y or N

Driver's License Number: _____ State: _____

Do you have auto insurance?, please circle: Y or N

Insurance company: _____ Policy number: _____

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Do you have any physical limitations? Please explain:

Church Affiliation: _____

Have you ever been convicted of a felony or any act of domestic violence?, please circle: Y or N

If yes, explain: _____

Have you ever been in violation of any law, including traffic within the last 5 years?, please circle: Y or N

If yes, please explain: _____

Please check your volunteer time opportunities:

Mornings (M-F): Afternoons (M-F): Evenings (M-F):

Weekends: Once a Week:

Please explain any time limitations: _____

Would you be willing to do spot (short notice) assignments? YES OR NO How many miles are you willing to drive? _____

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Please tell us about your experience and talents:

Do you have experience in?	YES	NO	SOME	WILLING TO VOLUNTEER	WANT TO LEARN
Caring for children with disabilities					
Caring for seniors					
Caring for those who have mental illness					
Caring for those who have physical disabilities					
Caring for those with developmental disabilities					
Home health care experience					

Health care technician					
Do you have experience in providing the following care?	YES	NO	SOME	WILLING TO VOLUNTEER	WANT TO LEARN
	Bathing				
Feeding					
Making the person feel at ease					
Hair care					
Medical Equipment Use					
Beautician/Braiding/Cosmetician					

What about experience with food?	YES	NO	SOME	WILLING TO VOLUNTEER	WANT TO LEARN
	Preparing meals				
Cooking meals					
Specialty cooking					
Baking					
Menu planning					
Grocery shopping					

Do you have any training or experience in any of the following areas?	YES	NO	SOME	WILLING TO VOLUNTEER	WANT TO LEARN
	Misc. Shopping (Holiday/Clothing/Etc.)				
Sign Language					
Foreign Languages (Spanish/French/Etc.)					
Artist and related skills (Painting/Drawing/Sculpture)					
Singing					
Dancing					
Musical Talent					
Fundraising (Organizing/Committees/Events)					
Writing (Newsletter/Proposals/Grant)					
Writing (Poetry/Story/Children's)					
Reading (Books/Scripture/Storytelling)					
Teaching/Tutoring					
Sewing/Mending					
Calligraphy					

Would you be willing to use your talents at Adult Day Care?					
Do you have transportation experience and licensing for?	YES	NO	SOME	WILLING TO VOLUNTEER	WANT TO LEARN
Driving a car					
Driving a van					

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Do you have home maintenance experience?	YES	NO	SOME	WILLING TO VOLUNTEER	WANT TO LEARN
Construction Work (Ramps/Porch Repairs)					
Plumbing					
Heating/Air Conditioning					
Electrical					
Carpentry					
Painting					
Dry Wall					
Window Repair					
General Repair/Maintenance					
Home Handyman					
Roof Repairs/Insulation					
Gutter Repairs/Cleaning					
Laying Carpet					
Shampooing Carpet					
Fence Repairs					
Do you have experience in general house cleaning?	YES	NO	SOME	WILLING TO VOLUNTEER	WANT TO LEARN
Laundry					
Ironing					
Sweeping					
Mopping					

Dusting					
Cleaning Bathrooms					
Dishes					

Do you have outside work experience?	YES	NO	SOME	WILLING TO VOLUNTEER	WANT TO LEARN
Snow Removal					
Landscaping/Landscaping Maintenance					
Gardening/Growing Food, Herbs, or Flowers					
Yardwork					

Do you have office experience in the following?	YES	NO	SOME	WILLING TO VOLUNTEER	WANT TO LEARN
Bookkeeping					
Telephone Skills					
Interviewing Skills					
People Skills					
Computer Skills					
Filing					
Letter Writing					
Office Skills					
Insurance-Medical Bills/Claim Filing					
Mass Mailing					

**** Are you involved with, or a member of any local groups or organizations? Please list:**

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:

Name:
Address:
Phone:

PHONE:
Work Phone:
Relationship:

Please list two references, not relatives, including one of the following: spiritual leader, teacher or employer:

Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship:	Relationship:

I affirm that all information given is true and accurate. I give my consent to contact above references.

Signature: _____ Date: _____

CONFIDENTIALITY AGREEMENT

All knowledge that you receive from the Hands of Grace Faith in Action program regarding your carereceivers must be kept in utmost confidence. The individuals you will be working with deserve the respect and dignity of having their personal affairs kept confidential. As you spend time with your carereceivers, a bond of trust develops and many personal feelings and experiences may be discussed. There may be strong feelings toward family members or formal helpers and the volunteer may be the only person available with whom to share these feelings. Maintaining that bond of trust is important in continuing an effective relationship. As a volunteer, you do have the responsibility to alert the Executive Director of any situation that endangers the health, safety or welfare of the carereceivers.

As a volunteer, I will respect the privacy of those individuals in my care, and I will keep all pertinent information confidential, unless doing so might endanger their security.

Volunteer Signature: _____ Date: _____

Executive Director Signature: _____ Date: _____

**** Notes/Additional Information:**

Please return this application to the Hands of Grace office. Thank you!