



VOLUNTEER APPLICATION

VINE Faith in Action
1618 Third Avenue, Mankato, MN 56001
(507) 387-1666 / (507) 387-5775 (fax)
www.vinevolunteers.com

TODAY'S DATE: _____ ORIENTATION DATE: _____
 VOLUNTEER #: _____

PART 1 – GENERAL INFORMATION

Name _____ D.O.B. _____
(Please print)
 Address _____ City _____ State _____ Zip _____
 Mailing Address (if different from above) _____
 E-mail Address _____
 Work Phone _____ Home Phone _____ Cell Phone _____
 Are you a member of a religious congregation? _____ yes _____ no
 If yes, which congregation? _____

PART 2 – VOLUNTEER EXPERIENCE AND INTEREST

Please check the times THAT YOU ARE AVAILABLE to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

I am a smoker _____ yes _____ no
 I am willing to visit a smoker _____ yes _____ no
 I am allergic to pets _____ yes _____ no
 If yes, what type of pet? _____

Volunteer Assignment Choices: (please check only the assignments you are willing to accept)

HELP IN THE HOME

- mail management
- light housecleaning
- help with laundry
- sewing
- preparing meals

HOSPITAL/NURSING HOME TRANSITION

(household chores and errands for four weeks after discharge)

VISITING

- in-person
- Caring Connection Match

RESPIRE

(Stay with someone while their caregiver is away)

- for an adult
- Some Time Away Program

CHORES

- gardening
- mowing
- raking
- snow removal
- window washing
- gutter cleaning
- adopt a house in neighborhood (to mow or shovel)
- drive a crew of volunteers

TRANSPORTATION (using your car)

- in town
- out of town
- transport adult
- transport child
- taxi (using VINE vehicle)
- early morning rides

PROJECTS

- painting
- major household organizing
- home repairs/carpentry

OFFICE ASSISTANCE

- answering phones
- assist with mailings

ORGANIZATIONAL HELP

- board of directors
- assist with fundraising

SUMMIT CENTER

- one-on-one computer help
- special events/program host
- deliver hot meals on wheels
- tax prep with AARP
- receptionist for AARP Tax Program

VINE HOME THRIFT STORE

- cleaning/repairs
- help with pickups & deliveries
(can lift 50+ lbs.)
- sales

What previous volunteer experience have you had _____

Your occupation (past occupation, if retired) _____

Would you be willing to serve as a volunteer in your professional field? ___ yes ___ no

Please list specific skills you could share (e.g. haircutting, gardening, carpentry, mechanical skills)

Other considerations (distance from home, preference for age or gender of carereceiver, etc.)

PART 3 – BACKGROUND AND REFERENCES

Do you have a valid Minnesota driver's license? _____ yes _____ no
Driver's License Number _____
Insurance Company _____
Insurance Policy Number _____
Agent's Name _____ Agent's Phone Number _____
Insurance / Liability Policy Limits _____
Car model _____ Color _____ 2-door _____ 4-door _____

Have you ever been convicted for a violation of any laws, traffic or otherwise?
_____ yes _____ no
If yes, please explain.

Do you have any physical limitations that may limit your activities? _____ yes _____ no
Who should we contact in case of emergency? _____
Telephone Number _____ Relationship to you _____

REFERENCES:

Please list three people we may call who are *NOT* family – one of whom should be your pastor or religious leader, teacher, employer or someone else who is not just a personal friend.

1. NAME _____ PHONE _____
ORGANIZATION & CITY (if applicable) _____
RELATIONSHIP TO YOU _____
2. NAME _____ PHONE _____
ORGANIZATION & CITY (if applicable) _____
RELATIONSHIP TO YOU _____
3. NAME _____ PHONE _____
ORGANIZATION & CITY (if applicable) _____
RELATIONSHIP TO YOU _____

PERMISSION TO CHECK REFERENCES

I give my consent to VINE Faith in Action to contact my references and to conduct any other necessary background checks.

Signature of Applicant

Date