



233 North Seminary Street, Collinsville, IL 62234
"Serve one another in love." Galatians 5:13

VOLUNTEER APPLICATION

(PLEASE PRINT)

Name _____ Date _____

DOB _____ Male [] Female []

Address _____

City _____ State _____ Zip Code _____

Method to contact you:

____ Phone (____) _____ Cell Phone (____) _____

____ Email _____ Do you use text messaging? _____

Ethnicity: African-American [] Asian [] Hispanic [] White [] Other [] _____

Emergency Contact _____ Relationship _____

Phone (____) _____

Emergency Contact _____ Relationship _____

Phone (____) _____

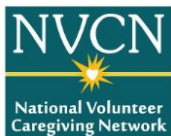
Are there physical condition(s) that should be considered when arranging volunteer assignments for you?

Special Interests, Hobbies, Activities _____

Are you a veteran? Yes [] No []

Do you have a local church affiliation? (NOT required) _____

Are you fully vaccinated against COVID? ____ Would you work with clients who are not vaccinated? ____





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Interest/Availability

The following ministries are offered by CFIA to residents of Collinsville the Collinsville Unit 10 District (including Caseyville, Collinsville, Maryville, and State Park). Please mark the services with which you are willing to assist.

- | | |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Drive to medical appointment | <input type="checkbox"/> Respite Care |
| <input type="checkbox"/> Drive to St. Louis Y or N | <input type="checkbox"/> Assist with Social Activities |
| <input type="checkbox"/> Drive someone to beauty shop | <input type="checkbox"/> Companionship Visits |
| <input type="checkbox"/> Shop with someone | <input type="checkbox"/> Telephone visits/Phone Friends |
| <input type="checkbox"/> Shop for someone | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Yard clean up | <input type="checkbox"/> Preparing newsletters for mailing |
| <input type="checkbox"/> Small home fix-it jobs | <input type="checkbox"/> Fundraising |

Are you willing to visit in a home with pets? Y or N Are you willing to visit a smoker? Y or N

Hours Available _____ am/pm to _____ am/pm.

Days Available: SUN [] MON [] TUES [] WED [] THURS [] FRI [] SAT []
VARIES []

TRANSPORTATION/VEHICLE LIABILITY INSURANCE INFORMATION

[] CAR [] SUV [] VAN/TRUCK

Make _____ Model _____ Year _____ Color _____

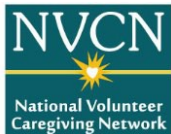
Driver's License # _____ State _____ Expires _____

Auto Liability Insurance Co. _____ Expires _____

I, _____, the volunteer, understand that if I use my personal vehicle in my volunteer services, I will arrange to keep in effect automobile insurance liability equal to the minimum limits required by the state of Illinois. I also understand that I am volunteering my service through Collinsville Faith in Action and that I am not an employee of Collinsville Faith in Action.

Signature

Date





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AUTHORIZATION TO RELEASE INFORMATION

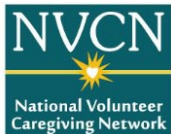
Last Name	First Name	Middle Name
Former Last Name	Gender	
Current Address	Dates Lived Here	
Addresses for the Past Seven Years: (include street, city, state, zip code)	Dates of Residence:	
Date of Birth	Other Names Used (inc. maiden name)	Years Used
Social Security Number	Driver's License #	State

do hereby authorize verification of all information in my volunteer application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of IntelliCorp Records, Inc to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on the Authorization will be used exclusively by IntelliCorp Records, Inc for employment. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for volunteering. I agree to provide additional information that may be requested to process my volunteer application. I authorize without reservation, any party or agency contracted by IntelliCorp Records, Inc to furnish the above-mentioned information. This authorization is valid during the course of my being a volunteer to the extent permitted by law.

**I hereby do ___ do not ___ authorize you to contact *my current* employer for Employment and Reference Verifications. (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to IntelliCorp Records, Inc. upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which IntelliCorp Records, Inc has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.





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Printed Name

Applicant Signature

Date

REFERENCES: PLEASE PROVIDE US WITH THE NAMES OF 3 PERSONS, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR AND CAN SERVE AS REFERENCES. INDICATE THEIR RELATIONSHIP TO YOU.

Name:

Phone: _____ Relationship:

Name:

Phone: _____ Relationship:

Name:

Phone: _____ Relationship:

**** Please return this form, the attached Authorization to Release Information form, and the References and Interests form to:**

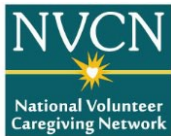




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Collinsville Faith in Action
Attn: Manager of Volunteers
233 N. Seminary Street
Collinsville, IL 62234
618-344-8080

Or email to volunteers@fiacollinsville.org



Helping people.

