



Williamsburg Faith in Action Volunteer Information

First Name: _____ Prefer to be called: _____ Last Name: _____

Date of Birth: _____ Address: _____

City: _____ Zip: _____ Neighborhood: _____

Email: _____

Best Phone: _____ Alternate Phone: _____ Work Phone: _____

Emergency Contact (Other than your own home phone #): Name: _____

Relationship to you: _____ Best Number: _____ Alternate Number: _____

Congregation and/or Civic Group(s) you are affiliated with _____

Type of vehicle you drive (circle): Sedan/Station wagon 2-door coupe Small pickup truck
Large pickup truck Van Low SUV High SUV

Name of Car Insurance: _____ Date of Expiration: _____ Renews every ___ months

Number of passengers you can seat: _____

List days and time you prefer to volunteer at this time: We understand that this may change.....

Sunday - From _____ to _____

Monday - From _____ to _____

Tuesday - From _____ to _____

Wednesday- From _____ to _____

Thursday- From _____ to _____

Friday - From _____ to _____

Saturday - From _____ to _____

Are you willing to be called for a short notice assignment? _____

Which of the following types of assignments are you willing to try? (circle as many as apply):

Local transportation	Minor home repairs	Paperwork for clients
Transportation to the Peninsula	Housecleaning	Phone calls
Transportation to Southside	Yard work	Visiting (ongoing)
Transportation to Richmond	Respite care	Shopping for client

Are you interested in further training for the: Resource Visitor Program? _____

Visiting Canine Program? _____

Pets (circle all that apply): Allergic to cats Allergic to dogs OK with pets in home

Willing to transport pets

Smoking: Do you smoke? _____ Are you allergic to cigarette smoke? _____

Interests and/or hobbies: _____

If you speak any language(s) other than English, please list: _____

Employer: _____ If retired, what was your occupation? _____

Are you a veteran? _____

How did you hear about WFIA? _____

Do you have any physical limitations we should consider in making your assignments? _____

If yes, please describe _____

Have you ever been convicted for violation of any laws, traffic or otherwise? _____ If yes, please

describe: _____