



Volunteer Profile Form

Contact Information

First Name _____ Last Name _____

Preferred First Name _____ Date of Birth _____

Address _____ Neighborhood _____

City _____ State _____ Zip _____ County _____

Geographic Area: Centreville/Lightfoot East York & James City John Tyler/Jamestown
 Upper County Williamsburg City

Email: Primary _____ Secondary _____

Phones: Home _____ Cell _____ Work _____

Call Reminder

Call Reminder

Call Reminder

Text Reminder

Text Reminder

Text Reminder

Indicate above how you want to receive assignment reminders (Call or Text) and on which phone(s).

Emergency Contact: Name: _____

Relationship: _____ Phone: _____

Driver's License & Vehicle Information

Driver's License # _____ State Issued _____ Expiration Date _____

Car Insurance Company _____ Insurance Expiration Date _____

Number of passengers your vehicle can seat: _____

Vehicle Type: Compact Mid-Size Full-Size Van
 Low SUV High SUV Pickup Truck

Availability

Select the days and times you prefer to volunteer.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you willing to be called for a short notice assignment? Yes No

Areas of Interest Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Local Transportation | <input type="checkbox"/> Minor Home Repairs | <input type="checkbox"/> Paperwork for Care Receivers |
| <input type="checkbox"/> Transportation to the Peninsula | <input type="checkbox"/> Housecleaning | <input type="checkbox"/> Phone Calls |
| <input type="checkbox"/> Transportation to Southside | <input type="checkbox"/> Yard Work | <input type="checkbox"/> Visiting |
| <input type="checkbox"/> Transportation to Richmond | <input type="checkbox"/> Respite Care | <input type="checkbox"/> Shopping for Care Receivers |

Are you interested in the Visiting Canine Program? Yes No

Pet Information Check all that apply .

- Allergic to cats Allergic to dogs OK with pets in home Will transport pets

Miscellaneous Information

- Ethnicity: African American Asian/Pacific Islander Caucasian Chinese
 Hispanic Native American Unknown Other

Are you a veteran? Yes No

Are you a smoker? Yes No

Are you allergic to cigarette smoke? Yes No

Do you give permission to *Faith In Action* to use your name/image in print or on the Web? Yes No

Congregation you are affiliated with: _____

Interests and/or hobbies: _____

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

Occupation: _____

Do you have any physical limitations we should consider in making your assignments? Yes No

If yes, please describe: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? Yes No

If yes, please describe: _____

How did you hear about WFIA? _____

Signed: _____

Date: _____