



Dear Potential Volunteer,

Thank you for your interest in volunteering with Interfaith Older Adult Programs, Inc. You will be joining a great team of over 2000 other volunteers in helping Interfaith achieve its mission of "Linking Older Adults to a Caring Community".

The first step in becoming an Interfaith volunteer is completing the enclosed confidential application. Make sure to fill out the entire four pages, including initialing and signing the last page, and return to our volunteer director. The information you provide will help us place you in an area that best meets your interests and talents.

Within a few days of receiving your completed application, someone will contact you to discuss meeting for an interview and orientation.

We look forward to having you join the team of volunteers who share their time and talents to make a difference in Milwaukee County for so many.

If you have any further questions, please do not hesitate to call me at 414-220-8655.

Sincerely,

A handwritten signature in black ink that reads "Eddy Magnus". The signature is written in a cursive, slightly slanted style.

Eddy Magnus
Director of Volunteer Services



For Staff Use Only	
<input type="checkbox"/> ADMIN	<input type="checkbox"/> EMP
<input type="checkbox"/> NOP	<input type="checkbox"/> RSVP <input type="checkbox"/> SC <input type="checkbox"/> SMP
Site: _____	
CBC Date: _____	

Volunteer Application

(Please Print)

Personal Information

First Name:	Middle Name:	Last Name:
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		

Please check all interest areas that apply:

Support Services

- Minor Home Repair
- Paperwork/Bill Assistance
- Respite & Caregiver Relief
- Shopping** for/with Clients
- Telephone Support
 - Daily Weekly

Health and Wellness

- Activity Instructor
- Entertainment
- Home Visits
- Meal Service

Office and Clerical

- Computers & Data Entry
- Filing and Copying
- Mailings
- Reception

Business Support

- Board/Advisory Rep
- Fundraising**
- Newsletter
- Public Relations
- Special Events
- Surveys

Transportation

- Yard work
 - Mow Rake Shovel

Other Skills or Interests:

Interfaith also sponsors a National Service Program, RSVP (Retired and Senior Volunteer Program). RSVP volunteers focus on unmet needs in Milwaukee County through the following signature programs:
(If you are over 55 and interested in joining RSVP, check all interests below)



- Senior Ambassador** – Helps seniors gain access to available resources.
- Telephone Reassurance** – Call an isolated senior to ensure safety and independence.
- MPS Tutor Program** – Tutor a child or mentor new tutors.

Are you willing to be part of an on-call list for special *one-time* only projects? Yes No

When are you available to volunteer?

<input type="checkbox"/> Flexible	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Weekdays
<input type="checkbox"/> Mornings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Weekends

When you have completed **all four** pages of the application, send a signed copy to:

Email: volunteers@interfaithmilw.org (scan a signed copy) **Fax:** 414.291.7510
Mail: Attn: Volunteer Services - 600 W Virginia St. Suite 300 - Milwaukee, WI 53204
If you have questions regarding this application, please call 414.220.8655

Volunteer Interests

How did you hear about volunteering with Interfaith?

- Newspaper A Friend Speaker Interfaith Staff Member Flyer Social Media
 Radio TV At Work Web Site At Church United Way Other:

Employment Status: Fulltime Part Time Homemaker Retired Other

Current or previous Employment: 1: _____
 2: _____

Are you willing to travel outside your neighborhood? Yes No If yes, how far? Miles

What is your primary form of transportation? Car Bus Walk

Do you require any special accommodations in order to volunteer? Yes No

If yes, please explain:

Do you speak any languages other than English? Yes No If yes, please list:

Are you affiliated with a congregation? Yes No If yes, please list:

Are you now, or have you ever served in the Armed Forces? Yes No

Are you the spouse of someone who served in the Armed Forces? Yes No

Emergency Contact (*Required*)

First Name: Last Name: Relationship:

Address:

City: State: ZIP Code:

Home Phone: Cell Phone: Work Phone:

Email Address:

Interfaith Older Adult Programs Inc. has been actively serving the Greater Milwaukee community for the past thirty-five years. Our passion and mission is **linking older adults to a caring community**. We accomplish this through the hard work of our staff and our volunteers. Working together we serve over 16,000 older adults in Milwaukee County. To learn more, visit www.interfaithmilw.org.

Volunteer Background Check Information

Legal Name: (Required)

Date of Birth: (Required)

Gender: Male Female Transgender

Have you been known by, or employed, under a different name? Yes No

If yes, please list names:

How long have you lived in the State of Wisconsin?

Social Security Number:

*Social Security Number is only used for the purpose of conducting the CBC. It will only be seen by our Human Resource Department.

Have you ever applied to be a volunteer with Interfaith? Yes No If yes, when:

Race: (Required *please check one*)

- White (Not Hispanic) Hispanic African American (not Hispanic) Asian
 Native Hawaiian or Pacific Islander American Indian or Alaska Native Middle Eastern
 Other Race (please list)
 Two or More Races (please list) Prefer not to answer

Ethnicity: (*please check one*)

- Non-Hispanic Hispanic Prefer not to answer

Criminal History: (Required*)

*Please note, answering "yes" to any of the following questions does not automatically exclude a candidate from acceptance.

Have you ever been convicted of, plead guilty or no contest to a felony, misdemeanor or local ordinance violation? Yes No

If yes, please explain:

Are you subject to any pending criminal charges? Yes No

If yes, please explain:

Interfaith Older Adult Programs Inc. believes it is our responsibility to institute policies and procedures ensure our client's safety and wellbeing are protected to the extent we can. To that end, **our policy is to conduct Criminal Background Checks (CBC)** on all potential employees and volunteers. Be assured this data will be handled according to Interfaith's confidentiality policies and will not be shared with any other agencies on an individual basis.

Volunteer Consent and Releases

Please read and initial next to each of the following statements:

Certification of Information (Required)

I certify that the facts set forth in this application and its attachments are true, correct and complete without misrepresentations or omissions of any kind whatsoever. I authorize investigation of the statements I have made herein.

(Initial Here)

Liability Release (Required)

I hereby release from any and all liability all representatives of Interfaith Older Adult Programs for their acts performed in connection with evaluating my application, background, credentials and qualifications. I understand that if any of the information on this application form is discovered to be incorrect, false or misleading or if there are any misrepresentations or omissions, then Interfaith may deny me a volunteer assignment or terminate my assignment, and I agree that Interfaith shall not be liable in any respect if it does so.

(Initial Here)

Automobile Insurance Policy (Required)

I understand that if I use my personal automobile in my volunteer assignments, I must carry the minimum state required liability insurance and will be expected to supply this information to Interfaith prior to using my personal automobile in my volunteer assignments.

(Initial Here)

Background Check Acknowledgement (Required)

I understand that in order to become a volunteer for Interfaith Older Adult Programs a criminal background check must be performed using the information I provided on this application. I furthermore understand that I am not accepted as a volunteer until I am notified by Interfaith Older Adult Programs, and I will not participate in any volunteer related activities until such notification.

(Initial Here)

Photo Release for Interfaith Marketing Purposes (optional)

I hereby give Interfaith Older Adult Programs the irrevocable right to use my picture, portrait, video image, name, or photograph in all forms and media and in all manner, for advertising, trade or in any other lawful purpose for the benefit of Interfaith Older Adult Programs only. I forever waive any right to inspect or approve the finished product, including but not limited to , written copy and/or an image in print or on a website, that may be created in connection therewith. I understand that Interfaith Older Adult Programs cannot control the unauthorized use by persons other than those under the employment of Interfaith Older Adult Programs, of my name or image once such name or image is published. Any claim I may have concerning unauthorized publication of my image and my named must be pursued by me against the unauthorized used. Interfaith Older Adult Programs disclaims any responsibility for such unauthorized use of my published image or name.

(Initial Here)

I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read and understand them, and agree to be bound by them. **(Required)**

Signature of applicant:

Date:

If the volunteer is under the age of 18, his or her parent or legal guardian must complete this section:

I am the parent or legal guardian of the volunteer who has signed above. I have read and understand the provisions of this document. I consent to the volunteer participating in the volunteer assignment and I fully enter into and agree to the above volunteer consent and release statement.

Signature of parent or legal guardian:

Please print name of parent or legal guardian:

Date:

For any **questions** regarding this page, please contact **414.220.8655**