



Volunteer Application

Return the Application to:
 Interfaith Volunteer Caregivers
 1135 SW Highland Avenue
 Redmond, OR 97756

541-548-7018

FAX: (541) 548-2893

Name: _____ M ____ F DOB _____
PLEASE PRINT Last First MI

Street Address/City/Zip _____

Mailing address/City/Zip (if different) _____

Home Phone _____ Cell _____ Best time to reach you _____

Work Phone _____ Workdays/Hours _____

May we call you at work? ____ YES ____ NO Religious affiliation (optional) _____

AVAILABILITY/SERVICE:

I can volunteer ____ once a week ____ more than once a week ____ just call

Please check the days and times you prefer to volunteer:

TIME/DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

I can and am willing to help with (check all that apply):

- ____ Respite Care (relieving a caregiver for 2-4 hours)
- ____ Transportation/Escort
- ____ Friendly visit in the home
- ____ Visit by telephone
- ____ Light Housekeeping
- ____ Yard work/snow removal
- ____ Shopping with or for a person
- ____ Minor home repairs/maintenance
- ____ Occasional meal preparation
- ____ Packing and/or moving
- ____ Correspondence
- ____ Misc.
 (Such as _____)

Other information about you that will help us make a good match (i.e. education, interests, hobbies, skills, etc.)

If you are willing to help with transportation, what kind of vehicle do you have? _____

Will a wheelchair fit in your trunk or back seat? _____ Would you transport a child if necessary? _____

Do you smoke? ____ YES ____ NO Are you willing to visit with a smoker? ____ No ____ Yes