



Volunteer Application

First Name: _____ Last Name: _____

Preferred Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: (____) ____-____ Cell Phone: (____) ____-____ Email: _____

Preferred Method of Contact: Phone Email

How did you hear about us? _____

What is your availability? (Days, mornings, afternoons, evenings)

Other limitations on your availability we should know about? (Snowbird months, annual vacation, etc.)

Are you a veteran or currently on active-duty military? _____

Race: White/Caucasian African American Hispanic/Latino Asian/Asian American
 American Indian/Alaska Native Native Hawaiian/Other Pacific Islander Other

Primary Language: _____ Other Languages Spoken: _____

Allergies: _____ Are you allergic to smoke? Yes No

Are you allergic to animals? Yes No

Do you have physical limitations? If yes, please specify

Do you have an affiliation with a worship group? If yes, who? _____

Please indicate the community you would like to volunteer in.

- Amherst
- Buffalo (Buffalo, Cheektowaga, Lackawanna, West Seneca)
- Niagara-Frontier (Lockport, North Tonawanda, KenTon, Grand Island, Pendleton, Royalton, Wheatfield, Wilson)
- Southern Tier (Boston, Brant, Colden, Collins, Concord, Eden, Evans, Hamburg, Holland, North Collins, Orchard Park, Sardinia)
- Eastern Erie County (Akron, Alden, Aurora, Clarence, Elma, Lancaster, Marilla Wales)

Indicate the services you would consider volunteering:

Transportation	In-Home Supports	Caregiver Support	Administrative
<input type="checkbox"/> Medical <input type="checkbox"/> Errands/Shopping/Social <input type="checkbox"/> Food Delivery <input type="checkbox"/> Worship	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Minor Home Repairs <input type="checkbox"/> Yard Work <input type="checkbox"/> Snow Shoveling <input type="checkbox"/> Pet Care	<input type="checkbox"/> Phone/Zoom Pals <input type="checkbox"/> Companionship Visits <input type="checkbox"/> Shop for Groceries <input type="checkbox"/> Open Mail, Correspondence, Pay Bills <input type="checkbox"/> Canine Caregivers (must have certified therapy dog)	<input type="checkbox"/> Ambassador at Community Events <input type="checkbox"/> Office Work

If willing to drive, how far? to Buffalo up to 10 miles per trip up to 25 miles per trip
 will consider more per trip

Type of vehicle: 2-Door Sedan 4-Door Sedan Pick-up Truck

SUV – Low/Medium Vehicle SUV – High/Tall Vehicle Minivan

Driver's License Number: _____ Issuing State: _____ Expiration: _____

Make/Model/Year/Color of Vehicle: _____

Would you like reimbursement for mileage? Yes No

Do you have any convictions or pending criminal activity? _____

Please give details of the date, offense, court and location, and disposition or penalty of each conviction:

Background Check Consent

By completing this page, I authorize Hearts and Hands: Faith in Action, Inc. to obtain my Motor Vehicle Record ("MVR").

I understand that this MVR may contain personal information relating to any driving restriction (i.e., "must wear corrective lenses") in addition to any/all driver violations and/or accidents which may be on record through The State Department of Motor Vehicles.

In addition, should my application be accepted for volunteering, employment and/or upon my becoming a volunteer or employee for Hearts and Hands-Faith In Action, Inc. or as a condition of being assigned driving duties on behalf of the aforementioned, I further

authorize any/all additional request for my motor Vehicle Report be submitted and reviewed as needed for the purpose of and the following permissible uses, pursuant to 18 USC §2721:

- (a) My continued evaluation and eligibility standards under the State and Federal regulatory compliance standards;
- (b) For use by any insurer or insurance support organization, or by a self-insured entity, or its agents, employees, or contractors, in connection with claims investigation services, anti-fraud activities, rating or underwriting; and/or
- (c) For use by an employer or its agent or insurer to obtain or verify information relating to a holder of a commercial driver's license that is required under Chapter 313 of Title 49 (49 USC §31301, et seq.).

Employee/Volunteer/Applicant may obtain a copy of his/her MVR by contacting Hearts and Hands: Faith in Action, Inc. at 518 Bewley Building Lockport, NY 14094 at 716-406-8311.

Sign for consent: _____ Date: ____/____/____

Emergency Contact #1:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Relationship to contact: _____

Emergency Contact #2:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Relationship to contact: _____

Reference Contact #2:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Relationship to contact: _____

Reference Contact #2:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone Number: _____

Relationship to contact: _____