



# VINE VOLUNTEER APPLICATION

VINE Faith in Action  
 1618 Third Avenue, Mankato, MN 56001  
 (507) 387-1666 / (507) 387-5775 (fax)  
 www.vinevolunteers.com

TODAY'S DATE: \_\_\_\_\_

ORIENTATION DATE: \_\_\_\_\_

VOLUNTEER #: \_\_\_\_\_

## PART 1 – GENERAL INFORMATION

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you a member of a religious congregation? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, which congregation? \_\_\_\_\_

Willing to assist: \_\_\_\_\_ only people from my congregation \_\_\_\_\_ wherever needed

## PART 2 – VOLUNTEER EXPERIENCE AND INTEREST

Please check the times THAT YOU ARE AVAILABLE to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

I am a smoker \_\_\_\_\_ yes \_\_\_\_\_ no

I am willing to visit a smoker \_\_\_\_\_ yes \_\_\_\_\_ no

I am allergic to pets \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, what type of pet? \_\_\_\_\_

**Volunteer Assignment Choices:** (please check only the assignments you are willing to accept)

**HELP IN THE HOME**

- mail management
- light housecleaning
- help with laundry
- sewing
- preparing meals

**HOSPITAL/NURSING HOME TRANSITION**

(household chores and errands for four weeks after discharge)

**VISITING**

- in-person
- by telephone
- Caring Connection Match

**RESPIRE**

- for an adult
- for a child
- Some Time Away Program

**CHORES**

- gardening
- mowing
- raking
- snow removal
- window washing
- gutter cleaning
- adopt a house in neighborhood (to mow or shovel)

**TRANSPORTATION** (using your car)

- in town
- out of town medical
- transport adult
- transport child
- taxi
- doesn't matter

**PROJECTS**

- ramp building
- painting
- major household organizing
- home repairs

**OFFICE ASSISTANCE**

- answering phones
- assist with mailings
- computer data entry

**ORGANIZATIONAL HELP**

- board of directors
- assist with fundraising

**SUMMIT CENTER**

- one-on-one computer help
- special events/program host
- hot meals on wheels
- volunteer tax prep with AARP

**VINE HOME THRIFT STORE**

- driving truck
- cleaning/repairs
- help with pickups & deliveries
- sales

What previous volunteer experience have you had \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your occupation (past occupation, if retired) \_\_\_\_\_

Would you be willing to serve as a volunteer in your professional field? \_\_\_ yes \_\_\_ no

Please list specific skills you could share (e.g. haircutting, quilting, scrapbooking, woodworking, special hobbies)

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Other considerations (distance from home, preference for age or gender of carereceiver, etc.)

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### PART 3 – BACKGROUND AND REFERENCES

Do you have a valid Minnesota driver's license? \_\_\_\_\_ yes \_\_\_\_\_ no  
Driver's License Number \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Insurance Policy Number \_\_\_\_\_  
Agent's Name \_\_\_\_\_ Agent's Phone Number \_\_\_\_\_  
Insurance Policy Limits \_\_\_\_\_  
Liability Limits \_\_\_\_\_  
Car model \_\_\_\_\_ Color \_\_\_\_\_ 2-door \_\_\_\_\_ 4-door \_\_\_\_\_

Have you ever been convicted for a violation of any laws, traffic or otherwise?  
\_\_\_\_\_ yes \_\_\_\_\_ no

If yes, please explain.

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Do you have any physical limitations that may limit your activities? \_\_\_\_\_ yes \_\_\_\_\_ no

Who should we contact in case of emergency? \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Relationship to you \_\_\_\_\_

#### **REFERENCES:**

Please list three people we may call who are *NOT* family – one of whom should be your pastor or religious leader, teacher, employer or someone else who is not just a personal friend.

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ORGANIZATION & CITY (if applicable) \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_
2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ORGANIZATION & CITY (if applicable) \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_
3. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ORGANIZATION & CITY (if applicable) \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_

#### **PERMISSION TO CHECK REFERENCES**

***I give my consent to VINE Faith in Action to contact my references and to conduct any other necessary background checks.***

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Signature of Applicant

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Date