



202 Graham Avenue
 Eau Claire, WI 54701
 715-836-8106

For Triniteam office use only
 Volunteer ID Number _____
 Church Code _____
 Orientation Date _____

VOLUNTEER APPLICATION

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Church Affiliation (if any): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Name of employer (optional): _____

Birth Date: ____/____/____ Gender: M or F Email Address (if any): _____

Do you sometimes live at another address (esp. students, retirees, etc.)? Y or N If yes, when? _____

How often would you like to volunteer? _____

How did you become interested in volunteering with Triniteam Caregivers? _____

X = AVAILABLE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

- Please check service areas in which you are interested:
- Friendly visiting
 - Transportation (local)
 - Shopping
 - Volunteer Coordinator
 - Telephone Reassurance
 - Transportation (longer distance)
 - Errands
 - Entertainment (please list your talent)
 - Respite Care
 - Food Pantry delivery
 - Chores
 - Joy Days
 - Triniteam Office Help
 - Light housekeeping
 - Nursing Home

I have transportation to get to volunteer assignments: Y or N I have a valid Drivers License: Y or N

Drivers License # _____ Expiration date _____ I have liability insurance: Y or N

I am willing to drive _____ (miles per trip) or from my home to _____

Full-size van Minivan SUV Car Vehicle Color? _____ Vehicle Insurance Co. _____

Allergies (including animals) that would affect my volunteering: _____

I have the following physical limitations that might affect my volunteering experience: _____

Please provide the names of 2 people not related to you who have known you for at least one year and can serve as references. Indicate their relationship to you (i.e. friend/employer/co-worker).

Name _____ Address _____
 Phone _____ Relationship _____

Name _____ Address _____
 Phone _____ Relationship _____

Signature of Volunteer _____ Date _____

Parent or Guardian Signature _____ Date _____
 (If volunteer is under the age of 18)