



FAITH  
IN ACTION

# Interfaith Volunteer Caregivers

of Clark County, Inc.

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## REQUEST FOR A VOLUNTEER

Intake Date \_\_\_-\_\_\_-\_\_\_ By: \_\_\_\_\_ Phone \_\_\_\_\_

Caller: \_\_\_\_\_ Organization: (Name & Address) \_\_\_\_\_

### Personal Information

Name: \_\_\_\_\_ DOB: \_\_\_-\_\_\_-\_\_\_ Gender: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ DOB: \_\_\_-\_\_\_-\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Are you a Veteran?  YES  NO

Living Situation: Alone With Spouse With Family With Friend Assisted Living Nursing Home

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Health Status

Physical Conditions: \_\_\_\_\_

Cane?  Walker?  Wheelchair?

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_ Oral: \_\_\_\_\_

Social Contacts: Many Some Few

Other Help Being Provided (relatives, friends, agencies): \_\_\_\_\_

**Services Requested**

**Social Support:**

- Friendly Visiting
- Respite for Caregiver (2-4 hour break)
- Telephone Reassurance
- Sewing or Light Mending
- Paperwork/Reading/Letter Writing
- Repairs/Chores
- Shopping/Errands
- Light Housekeeping or Laundry
- In-Home Exercise Therapy
- Yard Work/Shoveling
- Light Meal Preparation
- Newspapers On Tape Program

Date(s) or Frequency Needed: \_\_\_\_\_

**Transportation:**

- To Church     To local medical appointments (date: time: drop off? help into? report in/stay?) \_\_\_\_\_
- To Social Activities     other \_\_\_\_\_

Date(s) or Frequency Needed: \_\_\_\_\_

**Volunteer Match Information**

Please list your hobbies, recreational interests, special skills and interests, etc. Is there something specific, you would like a volunteer to share with you?

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**Home Visit/Assessment**

Date of visit: \_\_\_\_\_ Visit Done By (Name): \_\_\_\_\_ Agency: \_\_\_\_\_

Is the home environment safe and accessible? \_\_\_\_\_

Someone smokes inside home: \_\_\_\_\_ Pet(s) in Home: \_\_\_\_\_ Other: (oxygen, etc.) \_\_\_\_\_

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VOLUNTEER(S) ASSIGNED: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**NOTES**

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