



**HORIZON HEALTH FAITH IN ACTION
MORRISON COUNTY
FIA Volunteer Enrollment Form**
26814 143rd Street
Pierz, MN 56364
(320) 468-6451



Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

E-mail Address: _____ Birthday: _____

Do you go south during the winter months? **Yes** **No** If yes, how long? _____

How did you learn about Faith In Action? _____ Friend _____ Newspaper _____ Radio
_____ Staff _____ Internet _____ Other

In Case of Emergency, Notify: _____ Phone: _____

Address: _____ Relationship: _____

Services Volunteer Offers:

- | | | |
|-----------------------------|------------------------------|------------------------|
| _____ Transportation | _____ Minor home repairs | _____ Shopping |
| _____ Bills/letter writing | _____ Friendly Visiting | _____ Respite care |
| _____ Yard work/gardening | _____ Light housekeeping | _____ Meal preparation |
| _____ Telephone reassurance | _____ Snow Removal/Lawn care | _____ Other: _____ |

Signature of Volunteer **Date** **Signature of Staff** **Date**

Referrals of friends and family to contact about possibly volunteering:

