



Volunteer Application

Name _____ DOB ____/____/____
 Last First Middle Initial (Birth Year: Optional)

Mailing Address _____

City _____ State _____ Zip Code _____

Home #: () _____ Work #:() _____ Cell #:() _____

E-Mail Address: _____

WORK HISTORY:

Are you currently employed? Full Time Part Time No

Current or most recent employer: _____

Position: _____ Supervisor's Name/Ph.#: _____

EDUCATION:

High School:	Years Attended:	Degree:
College:	Years Attended:	Degree:
Graduate School:	Years Attended:	Degree:

List any additional training/certificates: _____

List any special skills & hobbies: _____

(i.e. foreign languages, computer skills, marketing, fund raising, etc.)

VOLUNTEER HISTORY:

Agency:	Duties:	From:	To:	Reason for Leaving:
Agency:	Duties:	From:	To:	Reason for Leaving:
Agency:	Duties:	From:	To:	Reason for Leaving:

Availability:

How often are you available? Daily Weekly Monthly Other_____

Check day(s) of availability: Mon. Tues. Wed. Thurs. Fri. Sat./Sun.

Times available: Morning 9-12pm Afternoon 12- 3pm Evening After 5pm

Are there any work conditions you must avoid? No Yes (please specify):

Have you ever been convicted of any law violations? No Yes (please specify):

In case of emergency, please call: Name_____ Ph. #_____

WHAT ARE YOUR VOLUNTEER INTERESTS?

- | | |
|---|---|
| <input type="checkbox"/> Friendly Visitor | <input type="checkbox"/> Office: Clerical |
| <input type="checkbox"/> Food Pantry Escort | <input type="checkbox"/> Office: Computer Entry |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Other |
| <input type="checkbox"/> Budget Coach | |

HOW DID YOU LEARN ABOUT OUR VOLUNTEER PROGRAM?

- | | |
|---|--|
| <input type="checkbox"/> Referral | <input type="checkbox"/> Advertisement |
| <input type="checkbox"/> Friend /Associate | <input type="checkbox"/> Our Website |
| <input type="checkbox"/> JFS Staff/Board Member | <input type="checkbox"/> Other (please specify)_____ |

FOR VOLUNTEERS WHO WORK DIRECTLY WITH CLIENTS:

Please indicate your preferences:

Client Preference: Male Female No preference

I would prefer to work with a non-smoker

I will work with a smoker

Pets in the home are OK Pets in the home are NOT OK

I hereby give Jewish Family Services permission to verify the information contained in this form. I understand that my references may be contacted & a routine background check will be requested. I understand that I am expected to inform the agency of any significant change in my health status that would negatively impact my ability the tasks to which I am assigned.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Date Application Received:

Personal Interview Date:

Interviewer's Name:

Volunteer's Start Date:

Please check off when completed:

- | | |
|--|---|
| <input type="checkbox"/> Background Check | <input type="checkbox"/> Reference Checks |
| <input type="checkbox"/> Confidentiality Statement | <input type="checkbox"/> Exit Interview |