



VOLUNTEER APPLICATION FORM FOR WORK AT JFS THROUGH RSVP

Dear Volunteer Applicant,

Thank you for your interest in volunteering with Jewish Family Services (JFS). JFS is a multi-purpose social service agency providing services to enhance the quality of life for individuals and families. JFS provides services to all members of the community, regardless of religious affiliation.

Please complete this *Volunteer Application Form* in full. If you do not have an answer, please write in an explanation or write N/A (not applicable). When completed, please print and mail original with signatures to: JFS, Volunteer Coordinator, 32 Ford Avenue, Second Floor, Milltown, NJ 08850.

The information you supply on this form is used to make a good match between you and a volunteer job at JFS. *Prior* to assigning individuals to volunteer work, all applicants will be asked to complete a separate *Authorization to Release Information* form, granting us permission to run a background check. A background check is required by our funders and our insurance company. *All information is held in strictest confidence*.

Thank you!						
Section I:	identifying information (please print clearly)					
()Mr. ()Mrs. ()Ms.	volunteer name		// / date of birth			
	street address					
	community/development					
	city/town	state zip code	e — — —			
Telepho	ne: () - primary (please circle) day evening	() -				
	E-mail address:					
Emerge	ncy contact:	telephone: ())			
Volunteer s	ervice desired:					
Referral source: How did you hear about volunteer opportunities at Jewish Family Services? (i.e. website, newspaper, friend, etc)						





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Section II: background information

What is yo	our current	t occupation?							
() e	mployed:	type of work							
		employer: agency/company name							
() re	etired:	type of work							
() s	tudent:								
		name of school	major		expected graduation year				
() 0	ther:								
What othe	r voluntee	er work have you preformed, if any?							
agency	/organizat	ion name:							
volur	nteer job:_								
dates of volunteer work:									
agency	/organizat	ion name:							
volur	nteer job:_								
datos	e of volunt	eer work:							
What lang	uages, oth	ner than English, do you speak?							
Please list	any hobb	ies, interests, or special skills.							
Driver/veh	icle inform	nation:							
a. Do you	have a ca	ar?	() YES	() NO					
b. Do you	have auto	omobile insurance for this vehicle?	() YES	() NO					
name of i	nsurance ca	rrier							
c. Do you	have a va	alid driver's license?	() YES	() NO					
driver's lic	cense numb	er							
c. Are you	u willing to	drive clients?	() YES	() NO					





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Section III: volunteer information

When are you available		k? (check all that a	pply)		
() Weekdays:	() Monday	()Tuesday	() Wednesday	() Thursday	() Friday
() Evenings:	() Monday	()Tuesday	() Wednesday	() Thursday	() Sunday
Volunteer work at JFS	(check all that are of	interest to you)			
() CAMEO – Senio	or Nutrition Club	() dri	ver ()h	ost	
() Elder Daycare P	rogram	() pro	ogram aide () a	activity specialist	
() English as a Sec	cond Language	(ESL) tutor			
() Friendly Driver					
() Friendly Shopp	er				
() Friendly Visitor					
() Kosher Meals o	n Wheels (KMO\	V) Driver			
() Money Watch &	Bill Helper				
() Office Worker	best time	` ' ' '	• • • • •	. ,	n - 11am
	which off	() 11am ice: () Milltow	. , , ,	. , ,	n - 5pm
() Senior Medicare	Patrol (SMP)	requires a two o			
		() speak	er ()comp	olex issues assista	nt
() Speaker/Enterta	iner	topic/talent:			
() Career Services		() teach comp () resume writ	uter skills () teach ing () teach	n financial manage n job readiness ski	
Section IV: Reference					
Please list the names *****note: Rela	•		erences that you a aunt, etc.) cannot b e		
			()	-	
Name			phone numbe	r	
relationship to the	volunteer				
·			()	-	
Name			phone numbe	r	
relationship to the	volunteer				
	=======================================				=======
I authorize Jewish Fam	illy Services to (contact the refe	rences listed abo\	/e:	
signature				da	<u>/ /</u> ate