



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!

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Section I: identifying information (please print clearly)

() Mr.
() Mrs. _____ / / /
() Ms. volunteer name date of birth

street address

community/development

_____ state zip code - - -

Telephone: () - () -
primary (please circle) day evening cell

E-mail address: _____

Emergency contact: _____ telephone: () _____

Volunteer service desired: _____

Referral source:

How did you hear about volunteer opportunities at Jewish Family Services?
(i.e. website, newspaper, friend, etc)

Section II: background information

What is your current occupation?

- () employed: _____
type of work _____
employer: agency/company name _____
- () retired: _____
type of work _____
- () student: _____
name of school _____ major _____ expected graduation year _____
- () other: _____

What other volunteer work have you preformed, if any?

- agency/organization name: _____
volunteer job: _____
dates of volunteer work: _____
- agency/organization name: _____
volunteer job: _____
dates of volunteer work: _____

What languages, other than English, do you speak?

Please list any hobbies, interests, or special skills.

Driver/vehicle information:

- a. Do you have a car? () YES () NO
- b. Do you have automobile insurance for this vehicle? () YES () NO
name of insurance carrier _____
- c. Do you have a valid driver's license? () YES () NO
driver's license number _____
- c. Are you willing to drive clients? () YES () NO

