

VOLUNTEER APPLICATION FORM

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.

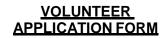
Please complete this Volunteer Application Form in full. If you do not have an answer, please write in an explanation or write N/A, not applicable. When completed, please print and mail original with signatures to: Volunteer Coordinator, JFS 32 Ford Ave., Second Floor, Milltown, NJ 08850.

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. <u>All information is held in strictest confidence</u>.

Thank you!

Section I:	identifying information (please print clearly)	
()Mr. ()Mrs. ()Ms.	volunteer name	
	street address	
	community/development	
	city/town	state zip code
Telepho	one: <u>( ) -</u> <b>primary</b> (please circle) day evening	
	E-mail address:	
Emerge	ncy contact:	telephone: ()
Referral so	purce:	
	d you hear about volunteer opportunities at Jewis osite, newspaper, friend, etc)	sh Family Services?





## 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:							
agency/organization name:volunteer job:							
What languages, other than English, do you speak? Please list any hobbies, interests, or special skills.							
Driver	/vehicle inforn	nation:					
a. Do	you have a ca	ar?	()YES	( ) NO			
<ul><li>b. Do you have automobile insurance for this vehicle?</li><li>c. Do you have a valid driver's license?</li></ul>			()YES ()YES	( ) NO ( ) NO			

Jev	wishFamilyServices	VOLUNTEER APPLICATION FORM					
Section III: volunteer information							
When are you available for volunteer w							
() Weekdays: () Monday () Evenings: () Monday	<ul> <li>()Tuesday</li> <li>()Wednes</li> <li>()Tuesday</li> <li>()Wednes</li> </ul>						
What type of volunteer work are you interested in? (check all that apply) () Breakfast Club and Men's Club () driver () host							
() Elder Daycare Program	() Elder Daycare Program () program aide () activity specialist						
( ) English as a Second Lang	() English as a Second Language (ESL) tutor						
() Friendly Driver							
() Friendly Shopper							
() Friendly Visitor							
() Home Improvement Help	er						
() Kosher Meals on Wheels (KMOW) Driver							
() Money Watch & Bill Helpe	r						
() Office Worker best ti	me(s): ( ) 9am-1pm ( ) 1pm-	5pm					
<ul> <li>() Office Worker</li> <li>() Monroe Office</li> <li>() Milltown Office</li> <li>() Milltown Office</li> </ul>							
() Senior Medicare Patrol (SMP) requires a two day comprehensive training workshop							
() Speaker/Entertainer	() Speaker/Entertainer Talent/Topic:						
() Women's Center	() teach computer skills ()	teach financial management skills					
Section IV:references Please list the names and telephone	e numbers of two references tha	t you authorize us to contact:					
• note: Relatives (spouse, parent	, grandparent, aunt, etc.) <u>cannot b</u> e	e used as references.					
	( <u></u>	) -					
Name	phone n	umber					
relationship to the volunteer							
	,						
Name	( phone n	umber					
	·						
relationship to the volunteer							
I authorize Jewish Family Services t	o contact the references listed						
signature		/ / / date					
oignataio		GGG JF3/3L,1/10 03/15					