Jewish Family Services Middlesex
Serving People of All Races, Ethnic Origins and Religions

JFS 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: 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. ☐ Dr. volunteer name date of birth

_____
street address

_____
community/development

_____ _____ _____
city/town state zip code

Telephone: (_____ ____) ____ - _____ (_____) _____ - _____
primary (check one) ☐ day ☐ evening **cell**

E-mail address:_____

Emergency contact:_____ telephone: (_____) _____
Relationship_____

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

What other volunteer work have you performed, 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?

_____

Are you a Veteran? ☐ YES ☐ NO

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 _____

d. Are you willing to drive clients? ☐ YES ☐ NO

Section III: volunteer information

When are you available for volunteer work? (check all that apply)

☐ 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 – Senior Nutrition Club** ☐ **driver** ☐ **host**

☐ **Elder Daycare Program** ☐ **program aide** ☐ **activity specialist**

☐ **English as a Second Language (ESL)/Citizenship tutor/Immigration**

☐ **Food Pantry**

☐ **Friendly Driver/Shopper**

☐ **Friendly Visitor/Telephone Reassurance**

☐ **Holocaust Program**

☐ **Kosher Meals on Wheels (KMOW) Driver**

☐ **Office Worker** **best time(s):** ☐ 9am - 1pm ☐ 1pm - 5pm ☐ 9am - 11am
☐ 11am - 1pm ☐ 1pm - 3pm ☐ 3pm - 5pm

which office: ☐ **Milltown** ☐ **Monroe**

☐ **Senior Medicare Patrol (SMP):** *Requires a 2 day comprehensive training workshop*
☐ **speaker** ☐ **complex issues assistant**

☐ **State Health Insurance Assistance Program (SHIP):** *Requires a 6 day comprehensive training workshop*

☐ **Career Services/Women's Center** ☐ **teach computer skills** ☐ **resume writing**
☐ **teach job readiness skills** ☐ **teach financial management skills**

Section IV: References

Please list the names and telephone numbers of two references that you authorize us to contact -
*****NOTE: RELATIVES (spouse, parent, grandparent, aunt, etc.) CANNOT BE USED AS REFERENCES*****

_____ (_____) _____ - _____
Name phone number

_____
relationship to the volunteer

_____ (_____) _____ - _____
Name phone number

_____
relationship to the volunteer

I authorize Jewish Family Services to contact the references listed above:

_____ /____ / ____ /_____
signature date