

Volunteer Program Application

NAME _____ DATE OF BIRTH _____ TODAY'S DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE () _____ CELL () _____ WORK () _____

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship to you _____

Address _____ City, State, ZIP _____

Home Phone () _____ Work Phone () _____

EDUCATION (Educational background, degree, and/or special training, vocational, etc.)

EMPLOYMENT (if applicable)

Current /Previous Employer _____ Dates of Employment _____

Employer's Address (City, ST, ZIP) _____

Current/Previous Job Title _____ Full time Part time

Current/Previous Job Duties _____

PRESENT OR PREVIOUS VOLUNTEER WORK _____

HOW DID YOU LEARN ABOUT OUR VOLUNTEER PROGRAM?

Friend in the JFS Volunteer Program JFS Staff or Board Member Synagogue/other bulletin

Newspaper (please specify) _____ Flyer _____
where posted?

Web Site Other (please specify) _____

HAVE YOU VOLUNTEERED AT JFS BEFORE? YES (if yes, when and in what role?)

WHAT KIND OF VOLUNTEER JOB ARE YOU INTERESTED IN?

- Tutor
- Shabbat Food Delivery
- Special Events (e.g., holiday parties, annual meeting)
- Food Pantry
- Holiday Food Program
- Shopping Aide
- Friendly Visitor (older adult)
- Office/Clerical Worker
- Driver
- Other _____

CLIENT PREFERENCE (For Volunteers who will work directly with Clients)

Please indicate your preference for client gender and with whom you would prefer to work:

- Male
- Female
- Either

Prefer to:

- work alone
- work with/in a group
- with one helpee: (child mother)
- Other? _____

Please indicate your preference about settings:

- at home
- in an office
- at JFS office
- at the home of a client
- at a synagogue/church/public place

Please indicate your preference about working with a client(s) who may have pets:

- Will not work in a home with pets
- Will work with pets
- No Preference

1. REFERENCE (Please give complete information)

Name _____ Relationship _____ # Years Known _____

Phone Number _____

2. REFERENCE (Please give complete information)

Name _____ Relationship _____ # Years Known _____

Phone Number _____

3. REFERENCE (Please give complete information)

Name _____ Relationship _____ # Years Known _____

Phone Number _____

PLEASE READ AND SIGN

I am applying for a volunteer assignment at Jewish Family Service of New Haven. Permission is hereby given to the Agency to contact the references named above, as part of the Agency's screening process.

I have answered the application questions truthfully and will answer further questions truthfully and to the best of my ability. I understand that, if I give false information to the Agency, I will not be accepted (nor be allowed to continue) as a JFS volunteer.

I also understand that certain information about me will be discussed with the client with whom I may work. If there are facts about myself that I do not want repeated, it is my responsibility to discuss this with the Volunteer Program Coordinator.

I further understand that as a JFS Volunteer, I must:

- 1. Comply with all guidelines as stated in the Volunteer manual
- 2. Maintain full client confidentiality
- 3. Fulfill the responsibility of the volunteer position as specified in the written job description
- 4. Work in on-going consultation with the Volunteer Program Coordinator.

I agree that if my services involve transporting any person, I will maintain liability and no fault insurance upon my vehicle pursuant to the statutory requirements of the State of Connecticut.

If I am under 18 years of age, I will complete the JFS Parent/Legal Guardian Permission Form and have it signed by my guardian.

Applicant's Signature _____ Date

The following is information required in order for Jewish Family Service of New Haven, Inc. to obtain a complete background report:

FULL LEGAL NAME (First, Full Middle Name, Last Name)

STREET ADDRESS

CITY	STATE	ZIP
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SOCIAL SECURITY NUMBER*	DATE OF BIRTH *
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DRIVER'S LICENSE NUMBER	ISSUING STATE
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OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)

SIGNATURE	DATE
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* This information will be used for background screening purposes only.