

## Volunteer Program Application

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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### IN CASE OF EMERGENCY CONTACT:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

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### 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 \_\_\_\_\_

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### 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

**DRIVER INFORMATION (for volunteers who will be driving)**

Connecticut Driver's License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Connecticut Registration Number \_\_\_\_\_ Make/Model of Car \_\_\_\_\_

Auto Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Have you had any accidents in the past five years?  Yes (if yes, see below)  No

Have you had any speeding tickets or other moving violations in the past five years?

Yes (if yes, see below)  No

If yes to either of the above questions please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1. REFERENCE (Please give complete information)**

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Name	Relationship	# Years Known
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Phone Number

**2. REFERENCE (Please give complete information)**

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Name	Relationship	# Years Known
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Phone Number

**3. REFERENCE (Please give complete information)**

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Name	Relationship	# Years Known
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Phone Number

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**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.

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Applicant's Signature Date