

VOLUNTEER APPLICATION FORM

NAME: _____

ADDRESS: _____

PHONES: HOME _____ WORK _____ CELL _____

EMPLOYER: _____

POSITION: _____

FAVORITE ACTIVITIES:

SPECIAL SKILLS:

ANYTHING ELSE WE SHOULD KNOW ABOUT YOU:

Which of the following would you be interested in doing: Rank them 1-5 1=highest

| Activity | Check/Comments |
|--|-----------------------|
| 1. Mitzvah on Wheels-Drivers | |
| 2. Friendly Visitors | |
| 3. Holiday Emissaries | |
| 4. Shabbat Ambassadors | |
| 5. College Resource Aides (Teens) | |
| 6. "Nitzvah" Crafters | |
| 7. Mitzvah Basket Makers | |
| 8. Big Brothers/Sisters | |
| 9. Mitzvah Brigade Coordinators | |
| 10. Friendship Circle Teams | |
| 11. Oral History Documenter | |
| 12. JFS Office Assistant | |
| 13. Conduct seminar(s) or workshop(s) -indicate topic(s) | |
| 14. Provide pro-bono services – indicate field | |
| 15. Other: | |

PLEASE COMPLETE BACK SIDE ALSO

If you could design your own project for the Jewish community what would that be?

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Anything else we should know; Suggestions for programs etc.

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TIME COMMITMENTS:

Indicate the best times for you to do project(s). Show specific times, if possible.

| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat * |
|-------------|-----|-----|------|-----|-------|-----|-------|
| AM | | | | | | | |
| PM | | | | | | | |
| EVE. | | | | | | | |

**Special Shabbat Mitzvot only*

IN CASE OF EMERGENCY CONTACT:

| | | |
|------------------|------------|--|
| Name | Home Phone | |
| Home Address | Work Phone | |
| City, State, Zip | Cell phone | |

Our Mission

JFS is a licensed and accredited social service agency whose mission is to improve the quality of the lives of all individuals and families living in our community regardless of ethnic, religious or cultural diversity.

Thank you for your interest in volunteering with us and for completing this form. You will be contacted by our Manager of Volunteer Projects when an appropriate need arises.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. In working with any clients, I agree to maintain the highest standard of confidentiality and to submit to a criminal background check, if requested.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |