



1440 Whalley Avenue, New Haven, CT 06515
(203) 389-5599 www.jfsnh.org

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?

- | | | |
|---|--|--|
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Holiday Food Program | <input type="checkbox"/> Food4Kids Back up Delivery Driver |
| <input type="checkbox"/> Friendly Visitor (older adult) | <input type="checkbox"/> Office/Clerical Worker | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Driver | <input type="checkbox"/> Front Office/Reception | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Working with Adults with Developmental Disabilities | |

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:

- 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 Greater 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 Greater New Haven, Inc. to obtain a complete background report:

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

STREET ADDRESS

CITY STATE ZIP

SOCIAL SECURITY NUMBER* DATE OF BIRTH *

DRIVER'S LICENSE NUMBER ISSUING STATE

OTHER OR FORMER NAMES (AKA, Maiden Names, Married Names, Surnames, Etc.)

SIGNATURE DATE

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