



Date \_\_\_\_\_

**VOLUNTEER APPLICATION**

NAME \_\_\_\_\_  
Last First Middle

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_  
Optional

ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
Home Work

**EDUCATION** (Educational background, degrees, and/or special training) \_\_\_\_\_

**EMPLOYMENT** (if applicable)

Current Employer \_\_\_\_\_

Employer's Address \_\_\_\_\_

Current Job Title \_\_\_\_\_ Full or Part Time? \_\_\_\_\_

Current Job Duties \_\_\_\_\_

**FOR OFFICE USE ONLY**

Volunteer Department	Volunteer Assignment	Date Started	Date Ended
<input type="checkbox"/> Big Brother/Big Sister	_____	_____	_____
<input type="checkbox"/> Deikel AlterCare Adult Day Program	_____	_____	_____
<input type="checkbox"/> JDAC	_____	_____	_____
<b>L'Chaim Senior Services:</b>	_____	_____	_____
<input type="checkbox"/> Driver	_____	_____	_____
<input type="checkbox"/> Household Financial Manager	_____	_____	_____
<input type="checkbox"/> Office/Clerical Work	_____	_____	_____
<input type="checkbox"/> Outreach Visitor	_____	_____	_____
<input type="checkbox"/> Outreach Visitor – Russian Speaking	_____	_____	_____
<input type="checkbox"/> Quick Fix	_____	_____	_____
<input type="checkbox"/> Senior Companion	_____	_____	_____
<input type="checkbox"/> Telephone Reassurance	_____	_____	_____
<input type="checkbox"/> Lunch Buddy	_____	_____	_____
<input type="checkbox"/> Shalom Baby	_____	_____	_____
<input type="checkbox"/> Special Events	_____	_____	_____
<input type="checkbox"/> Twin Cities Jewish Healing	_____	_____	_____
<input type="checkbox"/> Other (please specify)	_____	_____	_____

**Please check off when completed:**

- BCA Check                       Driver's License Check                       Reference Checks  
 Confidentiality Statement                       Exit Interview

Coordinator's Name: \_\_\_\_\_

Special interests and/or hobbies: \_\_\_\_\_

Present or previous volunteer work: \_\_\_\_\_

Have you volunteered at JFCS before?  yes  no

If YES, when and in what role? \_\_\_\_\_

**What kind of volunteer job are you interested in?**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Big Brother/Sister  | L'Chaim Senior Services:                                    | <input type="checkbox"/> Lunch Buddy  |
| <input type="checkbox"/> Deikel AlterCare Adult Day Program                            | <input type="checkbox"/> Driver                             | <input type="checkbox"/> Shalom Baby  |
| <input type="checkbox"/> JDAC (Jewish Domestic Abuse Collaborative) Community Advocate | <input type="checkbox"/> Household Financial Manager        | <input type="checkbox"/> Special Events (client and volunteer events, Annual Meeting, Annual Benefit) |
|  | <input type="checkbox"/> Office/Clerical Work               | <input type="checkbox"/> Twin Cities Jewish Healing Program   |
|  | <input type="checkbox"/> Outreach Visitor                   |   |
|  | <input type="checkbox"/> Outreach Visitor--Russian Speaking | <input type="checkbox"/> Other (please specify)   |
|  | <input type="checkbox"/> Senior Companion                   | _____   |
|  | <input type="checkbox"/> Telephone Reassurance              |   |

Day/times available for volunteer work \_\_\_\_\_

**For volunteers who drive clients:**

Make/Model of car \_\_\_\_\_

Minnesota driver's license number \_\_\_\_\_

Auto insurance company \_\_\_\_\_ Policy Number \_\_\_\_\_

Have you had any accidents in the past five years?  YES  NO If YES, see below.

Have you had any speeding tickets or other moving violations in the past five years?  YES  NO

If YES to either, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HOW DID YOU LEARN ABOUT OUR VOLUNTEER PROGRAM?

- Friend in the program
- JFCS Staff or Board Member
- Synagogue or other bulletin
- Flyer
- Volunteer Match
- e-directions newsletter
- Websites:  
\_\_ JFCS \_\_ JVS \_\_ Jewish Minnesota
- Other (please specify)  
\_\_\_\_\_

## FOR VOLUNTEERS WHO WORK DIRECTLY WITH CLIENTS

Client Preference:

- Male
- Female
- Either

Please indicate your preference about working with a client(s) who smoke(s):

- I would prefer to work with a non-smoker
- I will work with a smoker
- No preference

## REFERENCES (Please give complete information in order to process your application)

1) \_\_\_\_\_  
Name Position Years Known

\_\_\_\_\_ Address City/State/Zip Code Phone Number

2) \_\_\_\_\_  
Name Position Years Known

\_\_\_\_\_ Address City/State/Zip Code Phone Number

3) \_\_\_\_\_  
Name Position Years Known

\_\_\_\_\_ Address City/State/Zip Code Phone Number

In making this application to be a volunteer, 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 Minnesota. I further understand that Jewish Family and Children's Service of Minneapolis provides no auto insurance coverage for volunteers and does not agree to indemnify me for any legal liability arising out of my transporting any person as a volunteer.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date