



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"/> ACT (specify below)	_____	_____	_____
<input type="checkbox"/> Tutor	_____	_____	_____
<input type="checkbox"/> Mentor	_____	_____	_____
<input type="checkbox"/> Lunch Buddy	_____	_____	_____
<input type="checkbox"/> AlterCare	_____	_____	_____
<input type="checkbox"/> BB/BS	_____	_____	_____
<input type="checkbox"/> Employment Assistance /Career Development	_____	_____	_____
<input type="checkbox"/> Family & Parenting Ctr.	_____	_____	_____
<input type="checkbox"/> LCSS	_____	_____	_____
<input type="checkbox"/> MHSS	_____	_____	_____
<input type="checkbox"/> Office Volunteer	_____	_____	_____
<input type="checkbox"/> Twin Cities Jewish Healing Program	_____	_____	_____
<input type="checkbox"/> Other (please specify)	_____	_____	_____

Please check off when completed:

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

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?

- AlterCare Adult Day Program
- Big Brother/Big Sister
- Driver
- Family & Parenting Center
- Office/Clerical Work
- Healing Program Volunteers
- Mentor/Tutor/Lunch Buddy
- Outreach Visitor – Older Adult
- Russian-speaking Outreach Visitor – Older Adult
- Special Events (e.g. holiday parties, Annual Meeting, Annual Benefit)
- Caring Connections (visitor for adults with developmental disabilities)
- Employment Assistance / Career Development
- Other

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