

Today's Date _____

Name: _____ Date of Birth _____
(Last / First / Middle)

Address: _____

City/State/Zip: _____ Email: _____

Phone: _____
(Home) (Work) (Cell)

Occupation _____ Employer _____

Job responsibilities _____ Full time Part time

Description of education, training or experience that may be pertinent to the volunteer position desired:

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 type of volunteering interests you? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> On-going | <input type="checkbox"/> Event planning | <input type="checkbox"/> Committee work |
| <input type="checkbox"/> Short-term | <input type="checkbox"/> Mentoring/companionship
<small>(youth, peer-to-peer, professional)</small> | <input type="checkbox"/> Food shelf |
| <input type="checkbox"/> One-time | <input type="checkbox"/> Office/administrative | <input type="checkbox"/> Thrift shop |
| <input type="checkbox"/> On-call/as needed | | <input type="checkbox"/> Virtual |
| <input type="checkbox"/> Other (please specify) _____ | | |

Who do you prefer to work with?

- Youth (*under age 18*) Young adults (*ages 18–36*) Job seekers Older adults
 Other (*please specify*) _____

If you wish to work directly with clients, please indicate your client preferences below:

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

Primary language: _____

Proficient language(s): _____

Day/times available for volunteer work: _____

Are you willing to be called “as needed”? Yes No

Are you willing to drive a client?: Yes No *If yes, please complete the section below*

For volunteers who drive clients:

Make/model of car: _____

Auto insurance company: _____ Policy #: _____ Expiration date: _____

Have you had any accidents in the past five years?: Yes No

Have you had any speeding tickets or other moving violations in the past five years?: Yes No

If yes to either, please explain: _____

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

Please note:

Volunteers who drive clients or serve in a one-on-one capacity may be asked to complete a motor vehicle and/or criminal background check. Watch your email for an invitation from Verified Volunteers (TheAdvocates@VerifiedVolunteers.com). You will then be instructed to enter relevant information directly.

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

1)

_____ Name	_____ Position
_____ Address	_____ City/State/Zip Code
_____ Years Known	_____ Phone Number
_____ Email	

2)

_____ Name	_____ Position
_____ Address	_____ City/State/Zip Code
_____ Years Known	_____ Phone Number
_____ Email	

Emergency Contact

_____ Name	_____ Phone Number	_____ Relationship
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How did you learn about our volunteer program?

- | | | |
|--|--|---|
| <input type="checkbox"/> Friend in the program | <input type="checkbox"/> Referred by PRISM | <input type="checkbox"/> Websites:
____ JFCS ____ Jewish Minnesota |
| <input type="checkbox"/> JFCS Staff or Board Member | <input type="checkbox"/> e-directions newsletter | <input type="checkbox"/> Other (please specify)

_____ |
| <input type="checkbox"/> Synagogue or other bulletin | <input type="checkbox"/> Volunteer Match | |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> Directions magazine | |

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- | | | |
|--|------------------------------------|---|
| <input type="checkbox"/> BCA check | <input type="checkbox"/> MVR check | <input type="checkbox"/> Exit Interview |
| <input type="checkbox"/> Confidentiality statement | | <input type="checkbox"/> Reference checks |

Volunteer Placement: _____

Volunteer Coordinator Name: _____

Date: _____