

Today's Date \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*(Last / First / Middle)*

Preferred Gender Pronouns:  He  She  They  Ze  Prefer not to say  Other \_\_\_\_\_

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<br><i>(youth, peer-to-peer, professional)</i> | <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 <i>(please specify)</i> _____ |  |   |

**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?**

- Friend in the program
- JFCS Staff or Board Member
- Synagogue or other bulletin
- Flyer
- Referred by PRISM
- e-directions newsletter
- Volunteer Match
- Directions magazine
- HandsOn Twin Cities
- Websites:  
    \_\_\_\_ JFCS   \_\_\_\_ Jewish Minnesota
- Other (please specify)  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

- BCA check
- Confidentiality statement
- MVR check
- Exit Interview
- Reference checks

Volunteer Placement: \_\_\_\_\_

Volunteer Coordinator Name: \_\_\_\_\_

Date: \_\_\_\_\_