



In New York, we all belong.

Volunteer Application

Personal Information

Full Name: _____
First Last Middle

Address: _____
Street Address Apartment

_____ City State Zip Code

Contact Info: _____
Home # Mobile # E-Mail

Preferred Method of Contact: _____ Birth Date: _____ (mm/dd/yyyy)

Marital Status: _____ # of Children / Ages: _____

Professional Information

Occupation: _____ Employer: _____

Address: _____
Street Address Apartment

_____ City State Zip Code

Department: _____ Work Number: _____

Length of Employment: _____ Work E-Mail: _____

Education Information

College / Tech School: _____ Field of Study: _____ Grad Yr: _____

College / Tech School: _____ Field of Study: _____ Grad Yr: _____

High School: _____ Location: _____ Grad Yr: _____

Volunteer Information

How were you referred to JBFCs? _____ Does your employer have a formal volunteer program? _____
Yes / No

Area of interest / special population: _____

Do you participate in any groups, social clubs, or organizational memberships? _____

List your hobbies / skills / talents: _____

Why do you want to volunteer? _____

Please list all languages in which you are fluent: _____

AVAILABILITY

How often would you like to volunteer? _____ In Person/ By Telephone? _____
Weekly / Monthly

Can you make a one year commitment? _____ If not, how long? _____
Yes / No

LOCATION PREFERENCES (Please Circle)

Bronx
 Brooklyn (North)
 Brooklyn (South)
 Manhattan
 Queens
 Staten Island
 Westchester

Please list the hours that you **ARE** available.

SUN	MON	TUE	WED	THU	FRI	SAT

Volunteer Experience

Have you volunteered and/or been affiliated with JBFCS in the past? _____
(Yes / No)

If so, when and which program? _____

Do you have any other previous volunteer experience? _____ **If yes, please list below.**
(Yes / No)

Agency: _____ How long did you volunteer at this agency? _____

Address: _____
Street Address Unit City State Zip Code

Responsibilities: _____

Agency: _____ How long did you volunteer at this agency? _____

Address: _____
Street Address Unit City State Zip Code

What did you find to be the most enjoyable at above volunteer opportunities? _____

References

Please list the complete name and address of two references **that are not related to you** whom we may contact on your behalf.
Note: If you are applying for an internship, it is suggested that one of your references be a current or former professor.

Name: _____ Relationship to you: _____

Address: _____
Street Address Unit City State Zip Code

Phone Number: _____ E-Mail Address: _____

Name: _____ Relationship to you: _____

Address: _____
Street Address Unit City State Zip Code

Phone Number: _____ E-Mail Address: _____

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Please list a third reference if you are interested in the **Big Brother / Big Sister** or **Community Friends** program.

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Unit City State Zip Code

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## Emergency Contact

In case of emergency, who should be contacted?

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

## Assignment Preferences

Please read the volunteer brochure carefully and indicate, in order of preference, those volunteer opportunities that are of interest to you.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

"I certify that the information contained in this application is true and complete to the best of my knowledge and belief."

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Because the client population we serve is a vulnerable one, it is essential that we select and train all our volunteers carefully. Your cooperation in completing this form is greatly appreciated.

### Statement of Confidentiality

I understand that in assuming my responsibilities as a volunteer for the Jewish Board of Family & Children's Services, Inc., I may have access to personal and medical information about some of the agency's clients. In keeping with the professional standards and ethics of the Jewish Board of Family & Children's Services, Inc., I will consider all client identifiable information to be strictly confidential and therefore not to be shared with or discussed with any unauthorized person, either inside or outside the agency. I agree to abide by JBFCS confidentiality policy and procedures.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Volunteer (please print)

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Information regarding a conviction record will not necessarily bar an applicant from volunteer work, but will be reviewed in light of all the surrounding circumstances, including the duties of the volunteer assignment. Factors such as an age at the time of the offense, date, seriousness and nature of the offense, as well as the applicant's rehabilitation record will be taken into account.

*"To my knowledge, I have never been convicted of a crime in this state or any other jurisdiction. I have never been arrested for or convicted of Driving While Intoxicated. (DWI)**"*

Signature of Volunteer

Date

Photography and Information Release

I, _____, voluntarily give permission to the Jewish Board of Family and Children's Services, Inc. (JBFCs) and representatives of the press to use interviews with and/or information about me and photographs of me for informational, fundraising and/or advertising purposes to describe the work of the agency without compensation. Examples of such informational materials would include, but not be limited to, television, newspaper or magazine articles, electronic media, video, or brochures.

In giving this consent, I hereby release the Jewish Board of Family and Children's Services, Inc., its Directors, employees, agents and volunteers from liability for any violation of any personal or proprietary right I may have in connection with the above use of the photographs.

I am over 18 years of age.

Signature

Date

Print Name

