

This is the Jewish Family Service (JFS) Youth Volunteer Application packet.

- Complete the three-page application
- Have a parent or guardian sign the Youth Volunteer Permission Slip
- Sign the Pledge of Confidentiality
- Give your references a Youth Volunteer Reference Check form to sign and date. These two references cannot be immediate family members. You may ask a teacher, rabbi, neighbor, etc...

After you've completed the entire application packet, please contact me by e-mail ninaa@jfsbergen.org or by telephone 201-837-9090 ext. 238. You'll then be ready to join our volunteer team!

Thank you for your interest in volunteering for Jewish Family Service!!

Nina Ashurov

Administrator of Elder Care Volunteer and Nutrition Services
Jewish Family Service (JFS) of Bergen County
201-837-9090 ext. 238

Jewish Family Service, Inc.: **YOUTH VOLUNTEER APPLICATION FORM**

Dear volunteer,

Thank you for offering to volunteer for Jewish Family Service (JFS). In order to keep both you and our clients safe, please complete this **Youth Volunteer Application Form** in full. *Leave no spaces blank* without an explanation. If an item is not applicable to your personal circumstances, just write the words *not applicable* in that space.

The information you supply on this form is used exclusively to make a good match between you and a volunteer job at JFS. All information is held in strictest confidence.

Many of our volunteers work with frail and homebound elderly individuals. Therefore, prior to assigning volunteers work at JFS, we routinely check references.

If you have any questions, please don't hesitate to ask. And, once again, thank you for joining our family of caring volunteers.

I am interested in volunteering for:

- Adopt a Bubbe/Telephone Reassurance Office Work Friendly Visitor
 Kosher Meals on Wheels (KMOV) Telecare Other: _____

Section I: identifying information (please ***print***)

Mr.
1. Ms. _____
volunteer name (please ***print***)

_____ street address

_____ city/town _____ state _____ zip code - - -

2. telephone: a. (_____) _____ - _____
primary (circle ***one*** or ***both***): day evening

b. (_____) _____ - _____
alternate (circle ***one*** or ***both***): day evening

c. (_____) _____ - _____
cell

3. e-mail address: _____

4. date of birth: _____ / _____ / _____
month day year

5. _____ (_____) _____ - _____
emergency contact name (please ***print***) emergency contact phone number

relationship of emergency contact person to volunteer:

Section I: identifying information (continued)

6. individual demographics:

RACE

- ASIAN HISPANIC
- BLACK NATIVE AMERICAN
- WHITE
- OTHER (specify):

GENDER

- MALE
- FEMALE

RELIGIOUS AFFILIATION

- JEWISH MUSLIM
- CATHOLIC PROTESTANT
- NONE
- OTHER (specify):

7. referral source: HOW DID YOU HEAR ABOUT VOLUNTEER OPPORTUNITIES AT JEWISH FAMILY SERVICE?
(check **one**)

AGENCY/ORGANIZATION (specify below):

- _____
- UJA Federation
- Get Connected* volunteer program
- Volunteer Center of Bergen County
- RSVP

COMMUNITY AWARENESS

COMMUNITY EVENT (specify below):

- _____
- FAMILY/FRIEND
- FORMER JFS CONSUMER
- FORMER JFS VOLUNTEER

INTERNET

JFS BOARD MEMBER

JFS LITERATURE

MAGAZINE/NEWSPAPER (specify below):

• _____

DONOR

RADIO/TV

TELEPHONE BOOK/OPERATOR

TEMPLE

OTHER (specify below):

• _____

Section II: background information

1. Where do you currently attend school?

name of school

street address of school

city/town

state

zip code

contact person

() -
phone number

• _____
job title of contact person (e.g., principal, teacher, guidance counselor, etc.)

grade

2. What languages, other than English, do you speak?

Section II: background information (continued)

3. What other volunteer experience, if any, do you have?

a. agency/organization name: _____

i. _____ () -
contact person phone number

ii. volunteer job: _____

iii. length of service: / to /
month year month year

b. agency/organization name: _____

i. _____ () -
contact person phone number

ii. volunteer job: _____

iii. length of service: / to /

4. When are you available for volunteer work? (check **all** that apply)

a. () afternoons: () Monday () Tuesday () Wednesday () Thursday

b. () evenings: () Monday () Tuesday () Wednesday () Thursday

5. Please list the names and telephone numbers of three references that you authorize us to contact:

a. _____ () -
parent/guardian name – required (please **print**) phone number

b. _____ () -
name (please **print**) phone number

How do you know this person? (please do not list an immediate relative, grandparent, or an aunt/uncle)

c. _____ () -
name (please **print**) phone number

How do you know this person? (please do not list an immediate relative, grandparent, or an aunt/uncle)

signature _____

date / /

JFS/DL
10/0

PLEDGE OF CONFIDENTIALITY

I understand that in the course of my work for Jewish Family Service, Inc., I may learn certain facts about individuals being served by Jewish Family Service that are of a highly personal and confidential nature. Examples of such information are medical conditions, psychological conditions, relationships with family members, and the like. I understand that all such information must be treated as completely and strictly confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with Jewish Family Service and authorized by Jewish Family Service to have such information without the specific written consent of the individual to whom such information pertains.

_____ name (please *print*)

_____ signature

_____/_____/_____
date

JFS/KGM
09/01/04

VOLUNTEER PERMISSION SLIP

I give permission for my son/daughter to work as a volunteer at Jewish Family Service, Inc.

volunteer name (please *print*)

name of parent/guardian (please *print*)

signature of parent/guardian

____/____/____
date JFS/KGM
03/06

Jewish Family Service, Inc.

YOUTH VOLUNTEER REFERENCE CHECK

Jewish Family Service Office Work Volunteer

volunteer's name (please ***print***)

____/____/____
date

The volunteer named above has applied to be a volunteer office worker for Jewish Family Service (JFS). As a participant in the program, this youth volunteer will be required to perform office duties to help in the administration of all JFS volunteer programs.

By signing this statement, you believe that this applicant will be committed to this volunteer position; and, you believe that this volunteer will respect the privacy of Jewish Family Service (JFS) clients and keep their information confidential.

name of reference person (please ***print***)

____(____)____-____
telephone number

signature of reference person

date

relationship of reference person to youth volunteer

Jewish Family Service, Inc.

YOUTH VOLUNTEER REFERENCE CHECK

Jewish Family Service Office Work Volunteer

volunteer's name (please ***print***)

____/____/____
date

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____(____)____-____
telephone number

signature of reference person

date

relationship of reference person to youth volunteer