



4794 S. EASTERN AVE. SUITE C. LAS VEGAS, NV 89119
P. 702-732-0304 F. 702-794-2033 www.jfsalv.org

VOLUNTEER APPLICATION

DATE
NAME
ADDRESS
CITY: STATE: ZIP
HOME PHONE: Birth date / / SS#
EMAIL (PLEASE PRINT)
DRIVER'S LICENSE # ARE YOU EMPLOYED?
EMPLOYER
OCCUPATION ADDRESS
WORK PHONE CAN WE CONTACT YOU AT WORK? YES NO
HOW DID YOU FIND OUT ABOUT JFSA?
ARE YOU A STUDENT? HOW LONG HAVE YOU LIVED IN LAS VEGAS?
DESCRIBE ANY PREVIOUS VOLUNTEERING EXPERIENCES:

HOW OFTEN WOULD YOU LIKE TO VOLUNTEER?

# times a week month year or one time special projects

Days available: M T W TH F S SU

Please check any Volunteer opportunities that interest you:

- Driving seniors to medical appointments, grocery or errands
Friendly Visitor Senior Phone Support Office
Food Pantry Fundraising/Development Special Events/Projects
Mailings Community Outreach/Publicity Newsletter/Writing Projects
Bikur Cholim Society- visiting ill patients in hospitals and nursing facilities

PLEASE LIST ANY OTHER TALENTS/SKILLS THAT YOU WOULD LIKE TO SHARE WITH US:



FOR VOLUNTEERS WHO WISH TO WORK WITH CLIENTS:

FRIENDLY VISITOR • SHOPPER/TRANSPORTATION • SENIOR PHONE SUPPORT

Bikur Cholim Society (please answer any that apply)

- CLIENT PREFERENCE: SENIOR MALE FEMALE JEWISH NO PREFERENCE
GEOGRAPHIC PREFERENCE:
ARE YOU ALLERGIC TO ANIMALS? YES NO
WORKING WITH CLIENTS WHO SMOKE: OK NOT OK

IN CASE OF EMERGENCY PLEASE CONTACT: \_\_\_\_\_  
RELATIONSHIP TO YOU \_\_\_\_\_ PHONE #: \_\_\_\_\_

PLEASE LIST 2 REFERENCES NOT RELATED TO YOU:

1. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

2. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, PLEASE EXPLAIN DETAILS:

\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER AGREEMENT STATEMENT**

I understand that in the course of my volunteer work with Jewish Family Service Agency, I may work with client, employee and Agency information which is confidential in nature. I understand that no information concerning any client, employee, board member, volunteer or Agency activity is to be discussed privately or publicly unless approved by the JFSA Clinical Director. I realize that when I accept an assignment, I am making a commitment to be punctual and I will carry out my assigned duty in the best interest of JFSA and its clients. I pledge to bring to my work an attitude of open-mindedness, to remain non-judgmental and be willing to follow guidelines as established by the JFSA.

**I agree and accept the above statement as my code when functioning as a Jewish Family Service Agency Volunteer and to perform my duties to the best of my ability.**

**VOLUNTEER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**VOLUNTEER COORDINATOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

<b>_____ FOR OFFICE USE ONLY _____</b>
Interviewed by _____
Assignment: _____
Date: _____
Comments:
Ref. ck _____ B. ck sent _____ B. ck return _____