

Volunteer Application Form

Applicant Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female				
Street Address:		Zip Code:				
Other Address:		City/State/Zip:				
Home Phone:	Work Phone:	Cell Phone:				
Date of Birth:		Social Security #:		Email Address:		
Type of Volunteer work you are interested in doing?			<input type="checkbox"/>	Friendly Visitor	<input type="checkbox"/>	Leah's List Professional Pro Bono
<input type="checkbox"/>	Administrative Support	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Special Projects	Other: (please specify)
How did you hear about volunteer opportunities at Jewish Family Services?						
Emergency Contact Name:			Phone Number:		Relationship:	
Emergency Contact #2 Name:			Phone Number:		Relationship:	
In order to provide you with the best volunteer experience possible, please answer the following questions.						
Days and hours you are available for volunteer services		Days Available (✓)		Hours of Availability		Total Hours your available per week
		Monday				
		Tuesday				
		Wednesday				
		Thursday				
		Friday				
		Saturday				
Sunday						
1. Do you speak any foreign languages? If so, which ones?						
2. What is your spiritual affiliation?						
3. Are you affiliated with a synagogue, church, or other spiritual organization? If so which one?						
4. What volunteer positions have you had in the past?						
5. What interests you about volunteering at Jewish Family Services?						
6. What is/was your occupation?						
7. What are some of your special skills, interests, and hobbies?						
8. Do you have any medical, physical or emotional barriers that would limit your ability to act as a volunteer?						
9. Do you have an allergies to pets?						

FOR TRANSPORTATION VOLUNTEERS ONLY

Vehicle Description:	Year:	Make:	Model:	Color:
	[] 2 Door [] 4 Door	License Plate #:		Registration Expiration Date:
Auto Insurance for Vehicle Listed Above	Name of Insurance Company:			Insurance Company Phone Number:
	Bodily Injury Limit:			Property Damage Limit:
Driver's License #:	State of Driver's License:	Expiration Date:		Class:

1. How long have you been driving in the Columbus area?
2. How many passengers can you safely carry?
3. Have you been involved in a car accident in the last two years?
4. Have you received a traffic violation(except parking) in the past two years?
5. Do you have any limitations on where you will drive?
6. Do you have any limitations on the type of person you will transport (e.g. those with service animals, non-English speaking, etc.)

Insurance Verification and Authorization for Release of Information for Transportations Volunteers ONLY

The Jewish Family Services automobile insurance policy does NOT cover bodily injury to the volunteer or physical damage to the volunteer's vehicle. The volunteer is required to maintain minimum required auto liability limits as mandated by the state of Ohio.

- Attach a copy of your automobile liability coverage (declaration page of your policy) with this application.

AUTHORIZATION TO RELEASE MOTOR VEHICLE DRIVING RECORD AND CRIMINAL BACKGROUND SCREENING:

I hereby consent to the Bureau of Motor Vehicles, or other similar agency, to furnish any and all document and electronic information in respect to my driving history, including but not limited to, any and all violations of law, to Jewish Family Services upon request. This consent shall remain in effect until revoked by me in writing or as limited by applicable state law.

Volunteer Applicant Signature: _____ Date: _____

Personal Disclosure (OAC Rule No. 4101:2-5-09(1)).

	YES	NO
1. Have you been convicted on any felony offense within the last 10 years?		
2. Have you been convicted on any sex offense within the last 10 years?		
3. Have you been convicted of endangering a child within the last 10 years?		
4. Have you been convicted of corrupting another with drugs in last 10 years?		
5. Have you been convicted of trafficking drugs within the last 10 years?		
6. Have you been convicted of a crime of violence within the last 10 years?		
7. Have you been convicted of child abuse or neglect within the past 10 years?		

If you answered "yes" to any of the above, please explain:

I have provided the above information honestly and to the best of my ability.

Signature: _____ Date: _____

Confidentiality Statement and Release of Information

I understand and agree that in the performance of my duties as a volunteer for Jewish Family Services, I MUST hold information which I learn, directly or indirectly, in confidence. I understand that violation of confidentiality will result in immediate dismissal from volunteer services.

Signature: _____ Date: _____

In accordance with Federal Regulation 42CFR, Part 2, I hereby authorize Jewish Family Services to use photographs, testimonial, and Information received from interviews, for the specific purpose of Jewish Family Services Public Relations. These items may be used in program brochures, agency audio-visual presentations and annual reports which may be delivered to the general public for educational purposes. I release Jewish Family Services from any legal liabilities that may arise from the release of the above items.

Signature: _____ Date: _____

References

Jewish Family Services takes seriously the safety of the people that have requested assistance from the organization. Please provide 3 references that we may contact.

Name:	Phone Number:
Email Address:	
Name:	Phone Number:
Email Address:	
Name:	Phone Number:
Email Address:	