



## Volunteer Application

Date \_\_\_\_\_

### **I. Contact Information**

Name \_\_\_\_\_

Mr. / Mrs. / Ms. / Dr. / Miss

Spouse's Name \_\_\_\_\_ Residential Community \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Secondary Address (if applicable) \_\_\_\_\_

City/St/Zip \_\_\_\_\_ Phone \_\_\_\_\_

M / F \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Optional)

Are you a snowbird? Yes \_\_\_\_ No \_\_\_\_ Dates in Florida: \_\_\_\_\_

### **II. Volunteer Experience**

Please check one:

Never volunteered before \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

Volunteer leadership experience \_\_\_\_\_

Organizations:

In what capacity?

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

How were you referred to us? (Please circle one)

- |                        |                       |                    |
|------------------------|-----------------------|--------------------|
| 1. Community           | 5. Newsletter         | 9. School          |
| 2. Family/Friend/Staff | 6. Newspaper          | 10. Volunteer Fair |
| 3. Fundraising         | 7. Organization _____ | 11. Walk-In        |
| 4. Website             | 8. Other _____        |                    |

Motivation for volunteering: \_\_\_\_\_

### III. Background and Skills

Educational Background: \_\_\_\_\_  
List any diplomas/higher education degrees

\_\_\_\_\_  
Dates of Graduation

\_\_\_\_\_  
Major Subject(s)

Special Skills: If you have any of the following skills or backgrounds, please indicate:

Working with elderly \_\_\_\_\_ Foreign Language(s) \_\_\_\_\_

Do you have experience working with: Physically or Mentally Disabled? \_\_\_\_\_

Other Skills: Please list any other skills, talents, or hobbies you may have:

Skill

Skill

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever received services from Alpert Jewish Family Service? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a car? \_\_\_\_\_ License Plate # \_\_\_\_\_  
(for parking & security reasons)

Do you have adequate insurance (\$100,000/\$300,000 limit) on personal auto insurance liability? Yes \_\_\_ No \_\_\_

#### IV. References and Agreement

##### PERSONAL REFERENCES (other than relatives)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_

##### **CONFIDENTIALITY AGREEMENT**

Alpert Jewish Family Service of Palm Beach County and Levine Jewish Residential & Family Service have a commitment to protect its clients' rights to privacy. All agency personnel, whether professional, support or volunteer, are bound by agency policy to protect the privacy of agency clients.

Agency policy permits for the release of client information ONLY with written consent of the client.

I have read and have been given a copy of this statement of confidentiality and I agree not to discuss or disclose client and/or other agency information.

I hereby consent to follow the rules and regulations of Alpert Jewish Family Service.

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

Location: 5841 Corporate Way, Suite 200, West Palm Beach, FL 33407  
Attention: Director of Volunteer Leadership  
Phone: (561) 684-1991

## **VOLUNTEER WINDOW OF WORK**

<b>GLAD GIFTS</b>	<b>DESIRES</b>
<b>NO-NOs</b>	<b>WISE WHYS</b>

- Window 1: Under Glad Gifts, list any talents, skills, interests, hobbies, etc., you do well and that you enjoy doing. If you do it and like it, list it!
- Window 2: The Desires pane is for listing things you want to know more about.
- Window 3: For NO-NOs, list what you don't like or what you never want to be asked to do.
- Window 4: Under "Wise Whys", write down why you decided to volunteer for this agency.

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For office use:

Received \_\_\_\_\_ (date)

Reviewed by \_\_\_\_\_ (name)