



Hamilton Jewish Family Services

Strengthening individual, family, and communal life in keeping with Jewish values and traditions.

30 King Street East Dundas ON L9H 5G6 www.hamiltonjfs.ca

VOLUNTEER REGISTRATION FORM

Applicant Information:

Name: _____ Gender: _____

Address: _____

Email: _____ Cell/Phone: _____

Date of Birth: _____

Emergency Contact: _____ Cell/Phone: _____

Allergies/Medical Conditions: _____

Language(s) spoken, in addition to English: _____

In your opinion, what are three strengths you bring to a volunteering opportunity?

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

Do you have transportation? Yes _____ No _____

How many hours are you available per week? _____

What days of the week are you available? _____

Volunteering Information:

Please circle all the volunteer opportunities you might be interest in:

- | | | |
|---------------|--------------------|-------------------------------|
| Office help | Helping at events | Kibitz Corner (Guest Speaker) |
| Manual labour | Garden | Committee work |
| Seniors | Donation of skills | Transportation |
| Fundraising | Children and youth | Food Bank |

If you have any other ideas for how you might contribute in a volunteer role, please explain:

Please note that prior to volunteering, in most sectors, it is MANDATORY that you obtain a Criminal Record Check/Vulnerable Sector Screen.

HJFS believes that no one should be prohibited from volunteering due to cost. If you need assistance with funding for the vulnerable sector screen, please speak with the Volunteer Coordinator

Please return completed volunteer forms to Hamilton Jewish Family Services: mildredr@hamiltonjfs.ca

Only for Office Purposes:

| | | |
|-------------------|------------------|--------------------------|
| AODA Training | Volunteer Manual | Vulnerable Sector Screen |
| Anti-Abuse Policy | Confidentiality | |

Sign: _____

Date: _____