



Volunteer Application

Any questions, please call 609 822 1108.

Today's Date _____

Name (Legal name, no nicknames) _____ Date of Birth _____ ☐ RSVP Volunteer (if over 55 years old)

Address _____

City _____ State _____ Zip _____

Telephone (include area code) _____ Cell # _____ Email _____

Gender ☐ Male ☐ Female ☐ Other Identity _____

Ethnic Origin (optional) ☐ African American ☐ American Indian ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native Hawaiian

Education Level ☐ High School ☐ College ☐ Other

Employment ☐ Retired ☐ Semi-Retired ☐ Working Part-Time ☐ Working Full-Time

Most Recent Employer _____

Are you a veteran of the United States? ☐ Yes ☐ No

Are you part of the Armed Forces? ☐ Yes ☐ No

Do you have family currently serving in the military? ☐ Yes ☐ No

Volunteer Opportunities: (check all that apply)

Below are several of the top volunteer requests. Opportunities are always changing and expanding. Please feel free to offer additional skills or talents in other categories below.

☐ Arts & Crafts

☐ Reading to children

☐ Cancer Support

☐ Trash Valet

☐ Food Pantry

☐ Meal Delivery

☐ Friendly Visits / Companionship

Homeless Support

☐ Fundraising Events

Paperwork Assistance / Mailings

☐ Grocery Shopping Assistance / Pick-up

Special skills, training, interests: _____

How did you hear about the volunteer opportunities? ☐ Newspaper ☐ Mailing ☐ Email ☐ Volunteer Match

☐ Friend ☐ Internet ☐ Other _____



RSVP is a program for volunteers 55+ and is funded by the Corporation of National and Community Service, The Nation's largest grant maker for service and volunteering, and engages nearly 5 million Americans in service each year



Availability

(Listing a specific time does not commit you to that time, this offers JFS a sense of general availability):

DAY	MORNING	AFTERNOON	EVENING
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Please indicate the day and time that is best for you. _____

How many hours per month would you be interested in volunteering? _____

Would you be interested in volunteering for special projects, events or one-time activities? ☐ Yes ☐ No

Are there any physical or other health conditions and/or limitations that should be taken into consideration in arranging your volunteer assignment? _____

Emergency Contact Information

Name		Relationship
Address		
City	State	Zip
Telephone (include area code)	Cell #	Email

Please list three volunteer experiences / references

1	Organization _____	Volunteer Activity/Dates _____
	Contact _____	Title _____
	Phone _____	Email _____
2	Organization _____	Volunteer Activity/Dates _____
	Contact _____	Title _____
	Phone _____	Email _____
3	Organization _____	Volunteer Activity/Dates _____
	Contact _____	Title _____
	Phone _____	Email _____

Driving Information

Do you currently possess a valid NJ driver's license? ☐ Yes ☐ No

State	License Number	Expiration
Do you currently possess NJ valid car insurance with at least 100/300 Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Insurance Carrier	Policy Number (Please provide a copy of declaration page.)	

Disclosure to Applicant

This is to notify you that a Criminal Background Check, Driving Record Check and/or Investigative Consumer Report will be conducted on you for volunteer purposes.

By signing the release below, I hereby authorize Jewish Family Service of Atlantic & Cape May Counties to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts, and military services to release information about my background including, but not limited to, information about employment, education, consumer credit history, driving record, criminal record and general public records history to Jewish Family Service of Atlantic & Cape May Counties.

I release from all liability all persons, companies, schools supplying such information. I indemnify Jewish Family Service of Atlantic & Cape May Counties against any liability, which may result from making such requests. This release shall remain in effect for the length of my volunteer status. I believe to the best of my knowledge that all information I have provided is accurate, true and correct and that I fully understand the terms of this release.

Confidentiality Agreement

We consider volunteers on the basis of qualifications and without regard to race, color, religious affiliation, gender, ancestry, age, marital status, veteran status, disability, sexual orientation, and any other legally protected status.

I understand that JFS has a legal and ethical responsibility to maintain the privacy and confidentiality of all member information. Any contact that I have with a member and any information shared with me by a member will remain private and confidential.

I will not disclose any member information or discuss any such information with anyone except staff or other persons determined by RSVP staff.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications or purging of member information, nor will I use any member lists for any usage without express written consent from JFS.

I have read the above agreement, understand it, and agree to comply with all its terms.

- ☐ I can perform the essential functions of the volunteer positions for which I am applying.
- ☐ I understand the completion of this application does not obligate JFS to offer a volunteer position. In processing my volunteer application, background and DMV checks will be conducted, including my listed references and potentially with former volunteer sites and/or other persons.
- ☐ Should you decide to terminate your volunteer activity with JFS, any materials and notes that you have regarding members you have been working with are to be returned to JFS.
- ☐ I volunteer my services through JFS RSVP and I understand that I am not an employee of JFS RSVP.
- ☐ I hereby agree that RSVP/JFS have the right to use, for publicity and/or promotional purposes my name and photographs/videos taken of me.

Volunteer Signature	Date
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Print Name

Coordinator's Signature	Date
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THANK YOU FOR COMPLETING THIS APPLICATION AND YOUR INTEREST IN VOLUNTEERING
Please return the completed to JFS at 607 North Jerome Avenue, Margate, NJ 08402

Voice: (800) 247-2365

Data Screening

Fax: (973) 256-2072

It is recognized and understood that the Fair Credit Reporting Act provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency under false pretenses" shall be fined not more than \$2,500 or imprisoned not more than a year, or both.

Applicant Release - Order Form

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports will include checks regarding your criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Data Access, Inc. DBA DataScreening, 999 McBride Ave, Suite C205, Woodland Park, NJ 07424, Phone: 800-247-2365, Fax: 973-256-2072, or another outside organization. The scope of this disclosure and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

I acknowledge receipt of the CONSUMER REPORTS NOTIFICATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Data Access, Inc. DBA DataScreening, 999 McBride Ave, Suite C205, Woodland Park, NJ 07424, Phone: 800-247-2365, Fax: 973-256-2072, another outside organization acting on behalf of the Company, and/or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants or employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Minnesota and Oklahoma applicants or employees only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

California applicants or employees only: By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law. ☐

I am authorizing Data Access Inc. DBA DataScreening to conduct the background check(s) described above

Applicant Signature: _____ Date: _____

Please PRINT clearly: Position applied for: _____

Name: _____ Maiden / AKA: _____
First Middle Last

Soc. Sec. #: _____ Sex: _____ Date of Birth: _____

Note: Date of birth is needed for positive identification by the background check firm.
If you prefer, you may call this information into Data Access, Inc.

Please list all prior residences in past seven years

Current Address: _____ County: _____

City: _____ State: _____ Zip: _____ Years there: from _____ to _____

Motor Vehicle Report: Drivers License # _____ State Held _____



**The Central Registry of Offenders Against Individuals with Developmental Disabilities
Employee/Volunteer Consent for Employers to Check Registry**

N.J.A.C. 10:44D

*State of New Jersey Department of Human Services Office of Program Integrity and Accountability
PO Box 700 Trenton, NJ 08625*

Please Complete the Following Information:

Employee/Volunteer Last Name: _____ **First Name:** _____

Other Last/First Names Used: (please list any/all names used, including maiden name, nicknames or other)

Date of Birth: _____ **Last Four (4) Digits of Social Security Number:** _____

Agency/Facility Name: _____

In accordance with *N.J.S.A. 30:6D-73 et seq.*, I understand that providing my employer/prospective employer with the above information is for the purpose of my employer/prospective employer conducting a check of my name/identity against the NJ Department of Human Services' (DHS) Central Registry of Offenders Against Individuals with Developmental Disabilities (Central Registry) for the purpose of working/volunteering at an agency/facility/program, licensed, regulated or contracted with the Department of Human Services.

I understand that while I am awaiting the results of the Central Registry check, I may not work unsupervised with individuals with developmental disabilities and that I must be accompanied by a senior staff member or supervisor in any activities involving individuals with developmental disabilities.

By signing this agreement, I attest that the information I have provided above is factual and correct, and I can be terminated from employment/volunteering for failure to provide accurate information.

I further attest that I am currently not on the NJ DHS Central Registry of Offenders Against Individuals with Developmental Disabilities. I understand that if my name appears on the Central Registry, I may not be employed or allowed to volunteer in a program licensed, contracted or funded, directly or indirectly, by the State of New Jersey to work with individuals with developmental disabilities.

I understand that also under *N.J.S.A. 30:6D-73 et seq.*, in my capacity as an employee, caregiver or volunteer, in a program or facility licensed, regulated or contracted with DHS, or receiving state funding directly or indirectly, I am required to immediately report any/all allegations of abuse, neglect and/or exploitation against an individual with a developmental disability to the NJ Department of Human Services and that failure to do so, while having reasonable cause to believe such an act was committed, constitutes a disorderly persons offense. I understand that when making such a report, in good faith, I am immune from any civil or criminal liability that might otherwise attach from the act of making the report. I understand that in situations of discrimination or discharge from employment as a result of making a report in good faith, I may seek court relief for such actions.

I further understand that I am required to cooperate with investigations conducted by DHS or its designee(s). I have read and understand the above and hereby give my consent for my name to be checked against the Department of Human Services, Central Registry of Offenders Against Individuals with Developmental Disabilities.

Employee/Prospective Employee/Volunteer Name (please print)

Signature

Date

Employer/Provider Agency Use Only

The above named individual has been checked against the Central Registry of Offenders Against Individuals with Developmental Disabilities in accordance with N.J.A.C. 10:44D

Registry Check Performed By: _____ **Date:** _____ **Listed on Registry**
Yes _____ No _____

This document should be maintained in the employee's personnel file. Do not return to DHS.