



Volunteer Application

Thank you for your interest in volunteering for JFSA. JFSA relies on community volunteers each year and we look forward to working with you. Please complete this form so that we can match your interests, skills and availability to an appropriate opportunity. Please give the Volunteer Reference Form to two non-family members. Once we receive your completed application and references, you will be contacted for an interview and orientation. Please return to: **Laura Kestin, Volunteer Services, JFSA, 29125 Chagrin Blvd, Pepper Pike, OH 44124, lkestin@jfsa-cleveland.org**

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Birthdate _____ (Month/Day/Year)

How did you hear about us? _____

During which hours are you available for volunteer assignments? Please check (✓) all that apply:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Availability to volunteer: Weekly Bi-weekly Monthly As needed **Number of hours available each week:** _____

Program Interests (What types of individuals would you like to work with?)

- JFSA Achieving Potential:** Work with adult individuals with intellectual and/or developmental disabilities and serious mental illness; Youthability program- work with young adults (16-26 yrs.) with disabilities and at-risk youths
- JFSA Caring at Home:** Work with older adult clients that remain at home. Help drive, visit, deliver meals, be a medical advocate, work with Holocaust Survivors, provide ESL and citizenship preparation.
- JFSA Strengthening Families:** Hebrew Shelter Home and transitional housing; domestic violence prevention and outreach; outreach program for students focusing on teen dating violence. Limited opportunities.
- JFSA Office:** Work with internal agency staff.

What kind of activities would you like to perform?

- 1:1 companionship with the elderly
- Done-in-a-Day
- Holiday Projects
- Marketing/Development
- Phone Calling
- Special Events
- Home Maintenance/Organizing/Gardening/Skilled Trades: _____
- Other: _____
- Arts/Entertainment/Culture/Education/Crafts/Talent
- English Language Tutor (ESL)
- Home Delivered Meals Driver
- Office Support – Specify: _____
- Professional Services (lawyer, doctor, accountant etc.)
- Transportation Drivers – Medical, Social

Please list all your special skills, qualifications and talents that you have acquired from employment, previous volunteer work or through other activities: _____

(over)

JFSA provides individuals and families with solutions to face life’s challenges with confidence.

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List your Employment/Training Background	Date

Education, Credentials, Offices Held	Date

Language(s) other than English you are conversant in (including ASL): _____

How did you hear about JFSA volunteer opportunities? _____

Why do you want to volunteer at JFSA? What do you hope to accomplish? _____

Can you perform your task with or without accommodations: With Without

Have you ever been convicted of, or pled guilty to a crime? Yes No

If yes, provide the nature of the crime and date of conviction. _____

The following questions are required by our funding sources. The information is reported in total, not by individual, and kept confidential. We ask your cooperation in answering the following questions. Submission of this information is voluntary.

How would you describe yourself?

- African American
 American Indian or Alaskan Native
 Asian
 Caucasian
 Native Hawaiian/Pacific Islander
 Hispanic or Latino
 I choose not to answer this question
 Other _____

What is your gender?

- Female
 Male
 Non-binary/ third gender
 Prefer to self-describe _____
 Prefer not to say

EMERGENCY CONTACTS

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

If JFSA cannot reach emergency contact, JFSA reserves the right to seek medical help at the nearest medical facility and will be held harmless in all legal issues which may arise from this decision.

I, _____, confirm by signing this statement, that I have not been convicted of a crime of child abuse, unlawful sexual behavior, or a felony. Furthermore, I grant Jewish Family Service Association permission to acquire any criminal records that I may have incurred. I authorize JFSA to make inquiry into statements made by me on this application. I understand that completion of this application does not obligate the agency to extend association on a voluntary basis. This certifies that information given on this application is true and complete to the best of my knowledge.

Signature _____ Date _____

Jewish Family Service Association of Cleveland is a voluntary affiliation organization that complies fully with all State and Federal laws prohibiting discrimination because of age, sex, pregnancy, sexual harassment, race, color, religion, national origin, marital status, physical disability, sexual orientation, veteran status and laws pertaining to eligibility to work in the United States.

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