



Volunteer Application

Please print

First Name _____ Last Name _____

Address _____ City/State/Zip _____

Telephone _____ Email _____

Cell Phone _____ Spouse's/Partner's Name _____

What volunteer job(s) are you interested in doing for the Federation? _____

Gender: Male Female

Physical Limitations: No Yes (Please Explain) _____

Former work/occupation: _____

Most recent employer (optional): _____

List previous volunteer experience: _____

List your skills and indicate proficiency level: _____

Languages: Fluent Read Write

Volunteer availability: (Circle all applicable)

Number of days per week:	1	2	3	4	5	6	7	
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	No Preference	
Morning	Afternoon	Evening	No Preference					

In an emergency, notify:

First Name _____ Last Name _____

Address _____ City/State/Zip _____

Home telephone _____ Cell phone _____

Volunteers hereby agree to serve any client who is assigned regardless of race, sex creed or national origin.

Volunteer Signature

Staff Signature

Date

Please return to **Susan Frisch Lehrer, Coordinator of Volunteers – 413-442-4360 ext. 14; fax 413-443-6070**

sllehrer@jewishberkshires.org

www.jewishberkshires.org