



Jewish Federation<sup>®</sup>  
OF GRAND RAPIDS

THE **STRENGTH** OF A PEOPLE.  
THE **POWER** OF COMMUNITY.

## VOLUNTEER APPLICATION

DATE OF APPLICATION: \_\_\_\_\_

NAME: \_\_\_\_\_ (MAIDEN NAME) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DAY/EVENING/CELL PHONE NUMBERS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

IF LESS THAN 18 YEARS OF AGE, DO YOU HAVE A WORK PERMIT?

YES

NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

YES

NO

If yes, please describe the charge for which you were convicted, the date of the charge and the location: \_\_\_\_\_  
\_\_\_\_\_

DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH? (PLEASE LIST)

EDUCATIONAL BACKGROUND (INDICATE SCHOOL AND GRADE COMPLETED)

HIGH SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

OTHER: \_\_\_\_\_

What is the most important thing we should know about you?

Please describe any previous volunteer experience.

What would you like to gain personally from your volunteer experience?

When are you available to volunteer? (Weekdays, Weekends, Daytime, Evening)

What type(s) of volunteer work are you interested in? (Circle all that apply)

Receptions: setup, serve refreshments, clean up, etc.

Administrative: filing, copying, data entry, etc.

Fundraising: phone-a-thons

Senior Programs: driver, program setup and clean up, etc.

Mailings: folding, stuffing, labeling

Publicity: writing, designs, photography

Other:

REFERENCES:

Please give us the information on your current or most recent employer:

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Tell us about your work:

Personal reference (other than family):

Name \_\_\_\_\_

Address and Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

By signing this application, I certify that the statements made by me are true and complete to the best of my knowledge. I understand that false statements are sufficient grounds for rejection of this application and/or dismissal. I also acknowledge the agency's policies on confidentiality and will treat all information about clients with strict confidence. I understand that client information must be protected from the possible consequences of being inappropriately released. Violation of client trust is cause for immediate dismissal. Inquiries from the news media should be referred to the Executive Director or any JFGR staff member.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed application to:

Jewish Federation of Grand Rapids  
2727 Michigan NE  
Grand Rapids, Michigan 49506

**CRIMINAL HISTORY,**

**BACKGROUND CHECK AUTHORIZATION WAIVER OF LIABILITY**

**In an effort to provide for the safety of our clients, the Jewish Federation of Grand Rapids (JFGR) reserves the right to conduct background and reference checks on all volunteers who will work with or near our clients.**

As a prospective volunteer of JFGR, I authorize JFGR to request from the criminal records division of the Department of State Police and the Grand Rapids Police Department a criminal history check prior to an offer/placement using the information below:

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden Name/Name previously used:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birth date: \_\_\_\_\_ Race: \_\_\_\_\_

Sex Male \_\_\_\_\_ Female \_\_\_\_\_

Driver's License #: \_\_\_\_\_

I understand that the above information is required by central records division of the Michigan State Police Department and the Grand Rapids Police Department. I hereby release and forever discharge JFGR, the State of Michigan, the City of Grand Rapids, and their respective agents and employees from any and all actions, causes, claims and demands for, upon, or by reason of any damage, loss or injury which may be sustained by me in nature of libel, slander, invasion of privacy or other resulting from errors or omissions in the information given or from the use of information, whether by reason of unauthorized use, negligence, or otherwise.

I authorize my current and/or former employer(s) to provide JFGR any information regarding my employment together with any information they may have regarding me, whether or not such information is in their records. I release my current/former employer(s) and their agents and employees from all damages for issuing such information to JFGR.

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

Witness \_\_\_\_\_ Date \_\_\_\_\_

