



Volunteer Application--Teens

Full name: _____ Date: _____
(last) (first) (middle)

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email address: _____ Birth date/Age: _____

Employer: _____ Business phone: _____

Business address: _____

City: _____ State: _____ Zip: _____

Highest level of education completed: _____

Education or special training: _____

Previous volunteer experience: _____

Hobbies, special talents, or skills: _____

What languages (if any) do you speak other than English? _____

Any special accommodations that would support your volunteer efforts?
(i.e. can't stand for long periods)

Check the following Jewish Family Services volunteer opportunities that interest you:

____ Friendly Visitor – Volunteer to visit persons who are homebound or in care facilities

____ Tutors – Volunteer to help others learn English and/or life skills

____ Shopping for Shut-ins- Volunteer to help senior adults live more independently by helping them with errands and shopping

____ Film Festival- Volunteer to help plan and execute the Jewish Film Festival

____ Phone Pals- Volunteer to call people who have limited mobility/social contact

____ Mitzvah Day – Volunteer for community event helping over 40 local agencies

____ Driver- Volunteer to drive people to medical appointments or for errands (please note there are additional forms)

____ Other _____

____ Help with Events – Volunteer to help carry out activities and programs

____ Food Pantry- Volunteer in the JFS Food Pantry

____ Committee Member- Volunteer to be on a committee that plans and implements events

____ Office Work – Volunteer to help with office tasks

____ Celebrations- Volunteer to share your talent (music, poetry, drama, prayer, discussion groups) during Shabbat and holiday celebrations

____ Gift bags and deliveries – Volunteer to assemble and deliver gift bags

____ Bar/Bat Mitzvah Projects – Plan and implement an individualized & meaningful service project

Office and Administration

- ____ help with special events
- ____ work on audio and visual needs
- ____ answer phones
- ____ computer, data entry or typing
- ____ fundraising events and projects
- ____ public relations
- ____ other (please describe):

Time Commitment and Availability:

What's your availability? _____

What type of schedule would work for you? _____

How did you hear about the organization? _____

In case of emergency, notify: _____

Relationship: _____ Phone: _____

Have you been **convicted** of a criminal offense other than a traffic violation? __Yes __No

If yes, please explain: _____

References

1. _____
Name address city state zip phone/email

2. _____
Name address city state zip phone/email

Signature _____ **Date** _____

Signature Parent/Guardian _____ **Date** _____

By signing this form, I, the parent/legal guardian of the child named above, consent to the child's participation in volunteer activities organized by the JFS and/or the GJF. I understand that the child will be provided with orientation and training necessary for the safe and responsible performance of their volunteer duties and will be expected to meet all the requirements of the position. I understand that my child will receive no monetary compensation for this work. I release JFS and the GJF from all liability claims and rights of action of any kind which my child has or may have from personal injuries, property damage, and other losses incurred as a result of volunteer service for JFS, including injuries, property damage, and losses which are presently known, as well as those which are unknown, but which may develop or be discovered in the future.

PLEASE RETURN THIS FORM TO:

Jamie Schleuning, JFS Volunteer and Senior Program Coordinator

Mail: Jewish Family Services, 5509-C West Friendly Ave, Greensboro, NC 27410.

E-mail: Jscheuning@shalomgreensboro.org

Call (336) 852-4829 x 227 to set up your volunteer interview.

Thank you for your interest in being a JFS Volunteer!

Statement of Confidentiality

I, _____ (print), understand that any information about a client or a client's family to which I have access, either through direct client/family contact, office records, or attendance at staff meetings is privileged and shall be held in strict confidence. Client/family information will be shared only with appropriate GJF/JFS staff.

Initials _____

Initials Parent/Guardian _____

Statement of Conflict of Interest

I, _____ (print), understand that I am not to enter into any agreement/activities that could pose a conflict of interest to GJF/JFS. I am not aware of any potential conflict of interest at this time and will agree to notify the JFS staff should questionable situation arise.

Initials _____

Initials Parent/Guardian _____

Photo Consent

I, _____ (print) give permission for my photograph and/or name to be used by GJF/JFS for promotional use and /or community awareness.

Initials _____

Initials Parent/Guardian _____

Volunteer Code of Ethics

As a volunteer, I understand that I am subject to a code of ethics similar to that of professional employees. I accept the duties and responsibilities of my position and pledge to accomplish them. I further understand that my work complements the work of paid staff members, and I agree to work without monetary compensation.

As a volunteer I will:

1. Promise to be dependable and if I am unable to keep my commitment, I will notify the appropriate person.
2. Respect confidential information.
3. Accept the policies and procedures of the agency.
4. Freely share information with my supervisor or the volunteer coordinator or administrator.
5. Act responsibly and understand that as a volunteer I represent the agency and our community.

As a volunteer I can expect to:

1. Be treated with respect.
2. Have an appropriate job assignment.
3. Learn about the agency.
4. Receive adequate training, supervision, and recognition.
5. Know that information I share with the agency will be kept confidential unless otherwise notified.
6. Have concerns immediately addressed.

Signature

Date

Signature of parent/ guardian (and relationship)

Date