

## VOLUNTEER APPLICATION

Name:

Application Date:

Gender Identity:

Date of Birth:

Address:

City, Zip:

Preferred Phone:

Alternative Phone:

E-mail Address:

### Education/Employment

School attended:

Degree/Level completed:

Employer:

Occupation:

Please briefly describe your work experience:

What languages, other than English, do you speak, read or write?

How did you hear about the CJE volunteer program?

What volunteer experiences do you have?

Why do you want to volunteer for CJE?

#### FOR OFFICE USE ONLY

Assignment \_\_\_\_\_ Location: \_\_\_\_\_ Start Date: \_\_\_\_\_

Days Available: \_\_\_\_\_ Frequency: \_\_\_\_\_

Volgistics  CBC  HIPAA  NSOR  OIG  Photo  Badge ID: \_\_\_\_\_

## Interests and Skills

Please check as many as apply.

- |                                    |                         |
|------------------------------------|-------------------------|
| Advertising/Marketing/P.R          | Home Delivered Meals    |
| Arts and Crafts                    | Horticulture            |
| Bill Paying                        | Jewish Culture          |
| Book Review                        | Music                   |
| Clerical/Office/Receptionist       | Newspaper/Mail Delivery |
| Cooking                            | Performing Arts         |
| Computer Skills/Graphic Design     | Photography             |
| Dance/Exercise                     | Reading                 |
| Dining Assistance Discussion/      | Religious Services      |
| Group Leader Field Trip            | Special Events          |
| Assistant                          | Teaching/Training       |
| Event Planning                     | Translation/Interpreter |
| Friendly Calling/Friendly Visiting | Wheelchair Transport    |
| Fundraising                        | Writing/Editing         |
| Gift Shop                          | Other                   |
| Group Leader                       |                         |

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Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you have any physical or other limitations that should be taken into consideration in your volunteer assignment? If yes, please explain:

### **Home Delivered Meals ONLY:**

Do you have a current driver's license?

Do you have use of a car?

Have you ever been convicted of a crime?

If yes, please explain:

## **Emergency Information**

**Person to be notified in case of emergency. (If you are under 18, please list a parent or guardian).**

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Name:

Relationship:

Phone:

**I understand that I am not allowed to discuss with anyone outside CJE any information I learn about any of the people they serve (or their clients). I will respect the confidentiality of their clients.**

**Signature:**

**Date:**