



VOLUNTEER APPLICATION

Please save this application to your computer and submit it as an attachment.

First Name

Last Name

Street Address

City

State

Zip

Email

Preferred Contact Number

Business

Cell

Home

Alternate Contact Number

Business

Cell

Home

Preferences

Do not send postal mail

Do not email

Do not text

DATE OF BIRTH

Gender Identity

Female

Male

Transgender

Non-Binary

Other

Prefer Not to Reply

Ethnicity

White

Hispanic/Latino

Black/Black Hispanic

Asian/Asian Mixed

American Indian/Alaskan Native

Other

Marital Status

Single

Married

Domestic Partnership

Divorced

Widowed

Highest Level of Education Completed

High School

Some College

Associate's Degree

Bachelor's Degree

Master's Degree

Doctoral Degree

School Attended

Area of Concentration

Current Employer and Title

EMERGENCY CONTACT

Name

Phone Number

Relationship

SKILLS AND INTERESTS (Check all that apply)

Activity Assistant

Group Leader (book club, gardening etc.)

Performing Arts

Friendly Caller/Visitor

Home Delivered Meals

Religious Celebrations

Dog Pals

Technology

Other (gift shop, wheelchair transport, cooking etc.)

LANGUAGES SPOKEN

Russian

Spanish

Hebrew

Yiddish

Other

AVAILABILITY

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How did you hear about CJE's Volunteer Services?

What about CJE makes you want to volunteer and what experience would you bring?

Do you have any physical or other limitations that should be taken into consideration?

I understand as a volunteer I would not be allowed to discuss any confidential or privileged information that relates to CJE, our staff, clients, residents, operations and activities with anyone other than my direct CJE supervisor or Volunteer Services. All confidential information should not be disclosed or discussed with anyone without permission or authorization. I signify below that I agree to the above terms.

Signature

Date

773.508.4232

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