



JEWISH CHILD AND FAMILY SERVICE
Strengthening Lives in Keeping with Jewish Values

Volunteer Application Form

Please submit all forms to:
Einat Paz
Volunteer Manager, Jewish Child and Family Service
204.477.7430
epaz@jcfswinnipeg.org

Thank you for your interest in volunteering with Jewish Child and Family Service (JCFS)! Volunteers are the backbone of our organization and we deeply value the contributions that each individual volunteer makes to help empower clients and agency alike. Please complete this form and provide Volunteer Manager with one piece of government issued photo identification. If you have any questions about filling out this form or volunteering with JCFS, please speak to our Volunteer Manager. *Please print clearly!*

Date: _____

Title: Miss Mrs Ms Mr Dr Prefer not to identify

Name: _____

Address: _____ Postal Code: _____

Area of the city: _____

Telephone Number: (Home) _____ (Cell) _____

E-mail: _____

Primary Language: _____

Additional Languages (indicate spoken or written): _____

Employment: Full-time Part-time Unemployed Retired [Date: _____]

If you are a student, state where; what year and faculty: _____

Education (please provide dates)

Other education or training: _____

Work Experience (please provide dates)

(present and previous): _____

Volunteer Experience (please provide dates)

(present and previous): _____

What kind of volunteer jobs are of most interest to you? _____

What type of experience do you hope to gain in your volunteer position? _____

Skills & Interests

What interests, hobbies and special skills do you have? _____

Additional Information

Do you have any medical and/or physical, mental or psychiatric conditions that would affect your ability to perform your volunteer duties, or that **JCFS** should be aware of? Yes No

If **yes**, please describe briefly _____

Are you able to commit yourself as a **JCFS** volunteer for at least one year? Yes No

Are you regularly out of town for extended periods; i.e., on winter/summer holidays? If so, when?

Do you have a car with appropriate insurance? Yes No If **yes**, license class _____

Would you be willing to transport clients as part of your volunteer work? Yes No

Where did you hear about the **JCFS** volunteer program? _____

What is your reason for volunteering? _____

Emergency contact

Name _____ Home Phone # _____

Relationship _____ Alternate Phone # _____

Address _____

References (three character references **other than** family & **preferably** employment/volunteer):

<u>Name</u>	<u>Address</u>	<u>Phone Nos.</u> (Home & Work)	<u>Relationship</u>
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Applicant Signature

I, _____ verify that all the information contained in this document is true and accurate to the best of my ability. I understand that this application is contingent on the information contained here and on the satisfactory completion of the relevant background checks.

Signature: _____ Date: _____

For Office Use Only

Interviewed by: _____ Date: _____

ID photocopied: _____

Comments: _____
