



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

## Volunteer Application Form

Please submit all forms to:  
Einat Paz-Keynan  
Volunteer Manager, Jewish Child and Family Service  
204.477.7430  
[ekeynan@jcfswinnipeg.org](mailto:ekeynan@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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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: \_\_\_\_\_

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***For Office Use Only***

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

ID photocopied: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_