

Name: \_\_\_\_\_



**Volunteer Interest Survey**

return to [jenniferp@jfcstucson.org](mailto:jenniferp@jfcstucson.org)

Fax : 520-795-8206

What aspect of Jewish Family & Children's Service most motivates you to want to volunteer?

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What do you hope to gain from your volunteer experience with Jewish Family & Children's Service?

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**Skills and Interest**

a. Current Occupation: \_\_\_\_\_

(if retired, former occupation)

b. Education: \_\_\_\_\_

c. Hobbies, interests: \_\_\_\_\_

d. Please list any special skills (Language, public speaking, fundraising, media, administrative, social event planning, location/theme events, children activities, Child psychology, senior activities, writing or other) \_\_\_\_\_

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e. What type of computer skills do you have? \_\_\_\_\_

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***We appreciate your interest in becoming a volunteer!***

Name: \_\_\_\_\_

## Preferences in Volunteering

Please check any and all opportunities you may be interested in:

\_\_\_\_\_ **Speakers Bureau** - Visit community organizations and companies to speak about Jewish Family & Children's Service.

\_\_\_\_\_ **Outreach Activities** – Help coordinate and attend community fairs and other community events.

\_\_\_\_\_ **Transportation Companion** \_\_\_\_\_ **Medical Equip. Maintenance** \_\_\_\_\_ **Group Facilitator**

\_\_\_\_\_ **Case Aide** \_\_\_\_\_ **Thrift Store Help** \_\_\_\_\_ **Office Help** \_\_\_\_\_ **Facilities Projects**

\_\_\_\_\_ **Fundraising** \_\_\_\_\_ **Friendly Visitor** \_\_\_\_\_ **Assurance Calls**

\_\_\_\_\_ **Intake Assistance** \_\_\_\_\_ **Special Projects** \_\_\_\_\_ **Wherever I am Needed**

**Please note:** Most volunteer opportunities are very flexible and you can help during the weekday, weekends and/or evenings. What are the **most convenient times for you to volunteer** with Jewish Family & Children's Service activities? Please check all that apply **and specify days if needed.**

Weekdays: \_\_\_\_\_ Lunchtime: \_\_\_\_\_ Days: \_\_\_\_\_ Evenings: \_\_\_\_\_

Weekends: \_\_\_\_\_ Other: \_\_\_\_\_

**Will your volunteer time complete a Community Service requirement? Y/N**

**Organization/Court Name?** \_\_\_\_\_

**Duty or Charge type** \_\_\_\_\_

**Hours required** \_\_\_\_\_

**Jewish Family & Children's Service, Inc., a 501c3 Nonprofit Private Corporation**

***We appreciate your interest in becoming a volunteer!***

JFCS Volunteer Interest Survey & Application  
Return to: Jennifer Power, Volunteer Coordinator Phone: 520-795-0300 x2212  
email: [jenniferp@jfcstucson.org](mailto:jenniferp@jfcstucson.org) fax: 520-795-8206

Name: \_\_\_\_\_

### Contact and Identification Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email: \_\_\_\_\_

Birth Date \_\_\_/\_\_\_/\_\_\_ (year optional) Gender: Male Female

How did you hear of this opportunity?: \_\_\_\_\_

### References

Please list three volunteer, employment or personal references that we may contact:

	Name	Address	Phone Number	Relationship to You
1				
2				
3				

My Signature below authorizes JFCS to check my references.

\_\_\_\_\_

Do you have fingerprint clearance in Arizona or any other US state? \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Do you have any health issues that we should be aware of? \_\_\_\_\_

\_\_\_\_\_

***We appreciate your interest in becoming a volunteer!***

Name: \_\_\_\_\_

## Volunteer Release Form

Name \_\_\_\_\_

I wish to volunteer for Jewish Family & Children's Service.

I understand that prior to the start of my volunteering, Jewish Family & Children's Service is required to check my references. I will need to complete a criminal history affidavit, and provide a copy of my driver's license and any other required documentation as noted below.

Permission Slip (if under 18)

Court Order/Docket or Service Requirement (if performing mandated community service)

I also understand that if I volunteer in an area that will include client contact I will be required to provide a fingerprint clearance, and if I am transporting clients I will need to provide a driving record and proof of insurance. I also understand that if any of my duties involve handling money, I will need to provide my social security number for insurance bonding.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Please initial each of the following:

\_\_\_\_\_ I agree to follow all policies and procedures of Jewish Family & Children's Service.

\_\_\_\_\_ I understand that I can end my volunteer status with Jewish Family & Children's Service at any time, for any reason or for no reason, and that Jewish Family & Children's Service can do the same.

\_\_\_\_\_ I understand that Jewish Family & Children's Service is not obligated to provide a reason for their decision in accepting or rejecting me as a volunteer.

\_\_\_\_\_ (**OPTIONAL**) I agree to allow Jewish Family & Children's Service to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application/interest survey, and that any incomplete information will result in the delay of my application being processed:

**Copy of your valid driver's license or State Issued ID Card**

**Information Release Form**

By signing below, I attest to the truthfulness of all information listed in this application and agree to all the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date