

Volunteer Enrollment Form

Name: _____ Birthday and Month: _____

Phone: home _____ cell _____ work _____

Email: _____

Street: _____ City: _____ ST: __ Zip: _____

Contact in Emergency: _____ Phone: _____

Skills and Interests

Education and Training Background: _____

Current and Past Occupation: _____

Hobbies, Interests: _____

Previous Volunteer Experience _____

IS THERE A PARTICULAR TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED? (Check all that apply)

- Assisting clients in our Food Pantry
- Picking up food from a warehouse or store and delivering to KJFS
- Stocking shelves/organizing the Food Pantry
- Helping in our office in general administrative duties
- Special Projects (including Seder Plate Assembly/Delivery and Hanukkah Lights)
- Other: _____

Availability

AT WHAT TIMES ARE YOU INTERESTED IN VOLUNTEERING?

- Am flexible
- Prefer weekdays __M __T __W __Th __F
- Prefer days
- Short notice/emergency
- Hours per month (approximate) _____
- Other: _____

DO YOU HAVE ACCESS TO AN AUTOMOBILE YOU CAN USE FOR VOLUNTEER WORK?

- Yes
- No
- Occasionally

References

HOW DID YOU HEAR ABOUT US?

- Advertisement
- From client of agency
- Saw job description
- Referred by friend/volunteer
- Other: _____

LIST NAME AND PHONE NUMBERS OF TWO PERSONAL OR PROFESSIONAL REFERENCES:

- Name: _____ Phone: _____
- Name: _____ Phone: _____

Michael Klahr Jewish Family Services
1342 Congress Street, Portland, ME 04102
Avery Friend, Volunteer Coordinator
(207) 772-1959 ext. 301, afriend@mainejewish.org

Volunteer Agreement

Please read the following carefully before you sign this application.

1. I certify that the statements made by me are true and correct, to the best of my knowledge. I will not withhold information that might affect my application for a volunteer position, and I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Jewish Family Services, or my termination as a volunteer. I grant permission to Jewish Family Services to verify documents I submit and statements I make. I agree to release and hold harmless from liability any person or organization that provides information, as well as Jewish Family Services. I understand that this is an application and not a commitment or promise to provide me a volunteer placement with JFS. My signature below applies to all of the following:

2. Volunteer Confidentiality

I have discussed and understand the need to protect the privacy of Jewish Family Services (JFS) and its service recipients, and agree to respect the confidentiality of all client information that I observe and am privy to as a volunteer of JFS. All information regarding individuals is to be kept within the confines of JFS, its programs and/or facilities. Client information is to be discussed only with JFS staff.

Additionally, confidential health information is to include all information past, present or future that may reveal something about the individuals' physical and/or mental health.

In the event of an emergency, I should call 911.

If I observe anything regarding a JFS client that concerns me, this confidentiality agreement requires that I report it as soon as possible to JFS staff at 772-1959.

Confidentiality extends to all public relations material. I understand volunteers may not discuss JFS clients with any form of media, without prior approval of JFS.

3. Photographic & Information Release

I give permission for personal information, quotes and photographs of me to be used as part of Jewish Family Services' promotional materials, and news coverage.

4. Criminal Background Check

I understand and accept that policy that criminal background checks are part of this volunteer application, and that this information will be kept confidential. I also understand that I may be denied the opportunity to volunteer or be terminated as a volunteer based on the results of the background check.

JFS Volunteer Signature

Date

JFS Volunteer's name - Printed

JFS Representative

Date

BACKGROUND CHECK AUTHORIZATION

FCRA DISCLOSURE AND ACKNOWLEDGMENT
IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING
ACKNOWLEDGMENT

NEW ADDITIONS HAVE BEEN MADE JANUARY 2014 IN ORDER TO COMPLY WITH
THE **FCRA ARTICLE 613**.

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

("the Company") may obtain information about you for employment, tenant, or volunteer purposes from the following consumer reporting agency ("the Agency"). Datasource, Inc, 1200 NW South Outer Road, Corporate Centre, Blue Springs, MO 64015, Phone: 816-875-3701, Fax: 816-224-9699, or from another outside organization. The Agency's privacy policy can be found at <http://www.datasourcecorp.com>.

Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. These reports may include, but are not limited to, checks regarding your criminal history, social security trace, employment, and education references, driving history, professional licenses and credentials. Credit history will be requested only in accordance with applicable law. These reports may contain information regarding your use of social media, and other publicly accessible information. Social media includes, but is not limited to, social networking websites (i.e., Facebook and others), professional networking websites (i.e., LinkedIn and others), blogs, and other online media.

You have the right, upon written request made within a reasonable time after receipt of this notice, to ask the Company to disclose the nature and scope of any consumer report. You also may request a copy of that report from the Company. If anyone other than the Agency furnishes an investigative consumer report, the Company will provide relevant contact information within five business days of your request. An "investigative consumer report" is a background report that includes information from personal interviews (except in California, where that term includes background reports with or without personal interviews). Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by the Agency via interviews with past employers, neighbors, friends or associates. The scope of this disclosure and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGEMENT & AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the procurement of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired for employment, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Datasource, Inc, 1200 NW South Outer Road, Corporate Centre, Blue Springs, MO 64015, Phone: 816-875-3701, Fax: 816-224-9699, <http://www.datasourcecorp.com>, another outside organization acting on behalf of the Company, and/or the Company itself. I authorize these agencies to provide you with consumer and investigative consumer reports. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Maine, Massachusetts, and New Jersey employees only: You have the right to inspect and promptly receive a copy of any investigative consumer report requested by Company by contacting the consumer reporting agency identified above directly.

Minnesota employees only: You have the right, upon written request to Agency, to receive a complete and accurate disclosure of the nature and scope of any consumer report. Agency must make this disclosure within five days of receipt of your request or of the Company's request for the report, whichever is later.

New York employees only: You have the right to request whether Company requested a consumer report and, if so, Company will give you the name and address of the report's provider if other than Agency.

California, Minnesota and Oklahoma employees only: Please check this box if you would like to receive from Agency a copy of any report furnished by Agency to the Company pursuant to your authorization. []

Washington employees only: The Company will provide the disclosure described above concerning its procurement of an investigative consumer report either five days after receiving your request or after requesting the investigative consumer report, whichever is later. You have the right to ask Company to provide you with a summary of your rights under the Washington Fair Credit Reporting Act.

Full Name	First	Middle	Last
Maiden Name, Previous Names, or Aliases Used:	First	Middle	Last
	First	Middle	Last
	First	Middle	Last
Social Security Number:	Date of Birth:	Driver's License/ID State:	Driver's License/ID Number:
Current Address (Required):			From
Previous Address:			From/To
Contact Telephone Number:		Email Address:	
SIGNATURE:			DATE: