

Volunteer Enrollment Form

HIAS Refugee Resettlement

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 with material needs: Source and stage furniture, clothing, & foods for housing purposes
- Community Outreach: Raising awareness about the program and refugee issues
- Human Services experience: You have a background in this field and are interested in engaging directly with refugee families.
- 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
Adam Seigal, KJFS Manager
aseigal@mainejewish.org
207-772-1959

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.

KJFS Volunteer Signature

Date

KJFS Volunteer's name - Printed

KJFS Representative

Date

**Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization**

I authorize **Jewish Community Alliance of Southern Maine** and **PT Research, Inc.**, a consumer-reporting agency, to retrieve information from all personnel, government agencies, companies, corporations, credit reporting agencies, law enforcement agencies at the federal, state or county level, relating to my past activities, to supply any and all information concerning my background, and to release the same from any liability resulting in providing such information. The information received may include, but is not limited to, residential, attendance, litigation, personal history, driving history, and criminal history records. I understand that this information may be transmitted electronically and authorize such transmission.

I understand that a Consumer Report may be prepared summarizing this information. I may request a copy of any report that is prepared regarding me and may also request the nature and substance of all information about me contained in the files of the consumer-reporting agency. I understand that I have the right to inspect those files with reasonable notice during regular business hours and that I may be accompanied by one other person. The consumer reporting agency is required to provide someone to explain the contents of my file. I understand that proper identification will be required and that I should direct my request to: **PT Research Inc., P.O. Box 4540, Manchester NH 03108 Phone 1-866-737-2714 Attention: Compliance Officer.**

NEW YORK AND MAINE APPLICANTS: You have the right, upon written request, to be notified whether a consumer report was requested about you by the above-named company.

NEW YORK APPLICANTS: Please complete the attached "New York Disclosure and Release" certifying that you have received a copy of Article 23-A of New York Correction Law.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. *I am willing that a photocopy of this authorization be accepted with the same authority as the original; and that if employed by the above named company, this authorization will remain in effect throughout such employment.*

Signature	Social Security Number	Date
<i>NOTE: The following information is provided voluntarily and IS NOT considered as part of your application. It is used only for identification purposes in verifying information on your Employment Application. PLEASE PRINT CLEARLY.</i>		
Last Name	First Name	Middle Name
Street Address	City	State ZIP
Driver's License Number	State of License	Expires On Date of Birth*

List any other LAST NAMES you have used during the previous 7 years.

*Providing your year of birth is voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of the background search.