

# 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)

- Packaging and processing diapers in our Diaper Bank
- Delivering diapers and wipes to clients
- Assisting with our Refugee Resettlement Program (HIAS)
- Helping in our office in general administrative duties
- Special Projects (including Joe Bornstein Winter Warmth Drive)
- 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](mailto: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.

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KJFS Volunteer Signature

Date

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KJFS Volunteer's name - Printed

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KJFS Representative

Date

