



Volunteer Application



877 Madison Avenue
Albany, NY 12208
P: (518) 514-2143
F: (518) 489-5839

PLEASE NOTE:

For any programs in which you may be driving a recipient of volunteer services regularly, you are requested to supply copies of several documents related to driving: **1)** your driver's license, **2)** the declaration page(s) from your automobile insurance policy, **3)** the declaration page(s) from your umbrella/liability policy, as well as **4)** your automobile registration card. Please attach them to **page #4 of this application**. We will run a check of your driving record. Please be sure to have someone witness your permission for the DMV check.

For all of our volunteer programs, **volunteers are required to authorize Jewish Family Services to complete a criminal background check for you.**

PLEASE PRINT CLEARLY:

Mr./Mrs./Miss/Ms/Dr. _____

Last *First* *MI*

Home Address _____

City _____ State _____ Zip _____

Telephone Numbers: Home _____ Work _____

Cell _____ FAX _____

E-Mail _____

May we contact you at work? Yes No

Can you make calls from work? Yes No

Male Female Date of Birth _____

In case of emergency, whom should we contact?

Name: _____ Relationship: _____

Telephone Numbers: _____ (h) _____ (w) _____ (c)

VOLUNTEER EXPERIENCE: Do you have any volunteer experience? Yes No

If yes, please list below, beginning with most recent experience.

Organization & Address	Position & Responsibility	Supervisor/Contact	Telephone	Begin Date/End Date

Have you had leadership experience (board member, chair of a committee, etc.) as a volunteer? Yes No *If yes, please list below, beginning with most recent experience.*

Organization	In What Capacity?

Have you ever been asked to relinquish a volunteer position? Yes No

How did you hear of the program for which you are volunteering? _____

Why are you interested in volunteering? _____

Are you a snowbird or do you go away for any considerable length of time? _____

Dates away: _____

PHYSICAL RECORD:

Do you have any impairments, physical, mental, or medical that would interfere with your ability to perform the job for which you have volunteered or that would affect your attendance? _____

If yes, please explain: _____

EMPLOYMENT HISTORY: I am currently employed. Yes No Retired

Please provide information for your two most recent employment situations:

Occupation	Employer Name/Address	Hire Date End Date	Position & Job Title	Supervisor Name	Phone Number

EDUCATIONAL BACKGROUND:

Name of High School _____ Years Completed _____

Name of College _____ Years Completed _____

Did you receive a degree? Yes No *If yes, what type of degree?* _____

Field of Study _____

Do you hold any special license(s) or certification(s) – (e. g. Red Cross certifications)?

Yes No *If yes, please list below:*

PERSONAL CONCERNS:

Are you currently charged with or have been convicted of a criminal offense, including, but not limited to, criminal neglect, abuse, or assault? Yes No

If you answered yes to the above question, please explain on an attached sheet.

Do you agree to disclose any future criminal convictions or violations? Yes No

PERSONAL REFERENCES: (other than relatives)

NAME	ADDRESS	PHONE	RELATIONSHIP

May we publicize your name or photo to promote our volunteer programs? Yes No

If you would like to include additional information about yourself, please do so below:

I AFFIRM THAT I HAVE REVIEWED THIS ENTIRE FORM AND ATTEST THAT ALL STATEMENTS MADE ON THIS APPLICATION (INCLUDING ANY ATTACHED PAPERS) ARE TRUE, AND I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR MAY RESULT IN MY IMMEDIATE DISMISSAL AS A VOLUNTEER.

PLEASE NOTE THAT WE EXPECT THAT YOU ARE COVERED BY AUTO INSURANCE AS REQUIRED BY NYS LAW AND THAT YOU WILL BE DRIVING YOUR VEHICLE WHILE VOLUNTEERING AT YOUR OWN RISK.

Applicant's Signature _____ Date _____

PLEASE ATTACH COPIES OF THE FOLLOWING FOUR (4) ITEMS TO THIS PAGE:

1. Your driver's license
2. The declaration page from your automobile insurance policy
3. The declaration page from your umbrella insurance policy
4. Your automobile registration card

PLEASE TEAR OFF, COMPLETE, AND SUBMIT THIS FORM TO A REPRESENTATIVE OF JEWISH FAMILY SERVICES WHEN YOU TURN IN YOUR VOLUNTEER APPLICATION FORM.

THANK YOU.

MVR Research Authorization

I, _____, pursuant to the Driver's Privacy Protection Act, 18 U.S.C.A. & 2721 (b)(13), hereby authorize _____ and /or Anchor Agency to obtain my Driver's License Record from the appropriate State Motor Vehicles Department.

I hereby understand that this review is for insurance underwriting purposes only.

Driver's License # _____ State _____

Date of Birth _____

Date of Expiration _____

Driver's Signature _____

Witness: _____

Date: _____