



Jewish Caring Network

Phone 410-602-6075 • Fax 410-602-6076

CONFIDENTIAL APPLICATION FOR VOLUNTEER SERVICE

DATE: ___/___/___

NAME: Rabbi Dr. Mr. Mrs. Ms. (First) _____ (Last) _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: Home:() _____ Work:() _____ Cell:() _____

E-MAIL ADDRESS: _____ OCCUPATION: _____

VOLUNTEER EXPERIENCE:

Past (1): Organization: _____ Dates: _____

Past (2): Organization: _____ Dates: _____

Past (3): Organization: _____ Dates: _____

LIST DAYS & HOURS CURRENTLY AVAILABLE TO VOLUNTEER:

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday After Shabbat
- Sunday _____

PROFESSIONAL SERVICES THAT YOU WOULD LIKE TO OFFER THE JEWISH CARING NETWORK:

OTHER THAN ENGLISH, LIST LANGUAGES SPOKEN FLUENTLY: _____

SPECIAL SKILLS (Arts & Crafts, Musical Instrument, etc.): _____

CHECK (✓) AREAS YOU WOULD LIKE TO BE INVOLVED WITH: *(Please submit receipts for groceries, toys, etc. to office for reimbursement)*

COMPANIONSHIP:

- Visit Children/Adults - Homebound
- Visit Children/Adults - Hospitals
- Big Sister/Big Brother - Patient
- Big Sister/Big Brother - Sibling
- Respite Care (overnight)
- Respite Care (daytime)
- Phone Companionship
- Light Housework
- Babysitting

FRIDAY DELIVERIES:

- Pick-up Bakery Goods & Deliver
- Pick-up Restaurant Meals & Deliver
- Toys R Us & Deliver
- Flowers & Deliver

ASSIST IN THE OFFICE:

- Data Entry
- Web Design
- Make Calls
- File

FUNDRAISERS:

- Head/Assist with a School Fundraiser (Read-A-Thon, Swim-A-Thon, Hoop-A-Thon)
- Head/Assist with a Fundraiser (5K Run, Golf Tournament, Sunset Cruise, Tennis-A-Thon)
- Design your own Fundraiser!
- Host a Parlor Meeting
- Plan Events
- Volunteer at Events
- Make Calls for Events

HOLIDAYS/BIRTHDAYS:

- Organize a Party in Hospital (Birthday, Chanukah)
- Help Build/Decorate Sukkah
- Gift Wrapping

SHOPPING:

- Grocery Shopping
- Gift Shopping

ADOPT A FAMILY:

- Sponsor Weekly Pizza
- Sponsor Weekly Cleaning Help

- Sponsor Birthday/Anniv. Gifts
- Sponsor Fun Day Outings

TEACHING:

- Tutoring Secular Studies: Subjects: _____
- Tutoring Jewish Studies: Subjects: _____
- Music Lessons: Instrument: _____
- Instrument: _____

TIKVA HOUSE:

- Grocery Shopping
- Food/Gift Delivery
- Visit a Family
- Organize Playroom
- Greet families
- Take family shopping

OTHER:

PLEASE PROVIDE 2 REFERENCECS (NON-FAMILY MEMBERS):

1) _____ Phone #: _____

2) _____ Phone #: _____

AGREEMENT OF CONFIDENTIALITY:

As a Jewish Caring Network volunteer, I, _____, understand that in the course of my contact with families served by the Jewish Caring Network, I might learn privileged and confidential information that is of a highly personal nature. Examples of such information might be, but are not limited to: medical condition and treatment, finances, living arrangements, employment, identifying information and relationships among family members. I understand that all such information must be treated as confidential.

I agree not to disclose any information I learn about patients and their family members to anyone, except to a Jewish Caring Network staff member. I will also make certain that any disclosures are made in a private setting in which no one can overhear any information that is conveyed. I understand unauthorized disclosures are considered grounds for immediate termination of volunteer status.

SIGNATURE: _____ **DATE:** _____

PLEASE PRINT NAME: _____

FOR JEWISH CARING NETWORK VOLUNTEER DEPARTMENT USE ONLY:

DATE: _____ **INTERVIEWER:** _____

RECOMMENDATION: _____

ASSIGNMENT: _____

ASSIGNMENT: _____

ASSIGNMENT: _____

REFERENCE CHECKED DATE: _____

START DATE: _____

END DATE: _____

INTERVIEW NOTES:

INITIAL: _____
