



1301 Springdale Road, Suite 150  
Cherry Hill, NJ 08003  
Phone: (856) 424-1333  
Fax: (856) 424-7384  
Website: www.jfcssnj.org

**Samost Jewish Family & Children's Service of Southern New Jersey  
Volunteer Application**

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First)  Mr.  Mrs.  Miss  Ms.  
 Dr.  Other

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ SS#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Education: *(Indicate highest level achieved)*

High School  College  Master's Degree  Doctorate  Other

Occupation: \_\_\_\_\_

Employer/School: *(If applicable)* \_\_\_\_\_

Address: \_\_\_\_\_

How long at current employer? \_\_\_\_\_

Full Time  Part Time  Retired  Full Time Parent/Homemaker  Unemployed

How did you hear about the Samost JFCS Volunteer Program? \_\_\_\_\_

Why do you want to be a Volunteer? \_\_\_\_\_

Do you have any previous volunteer experience?  Yes  No

List when, where, and describe responsibilities: \_\_\_\_\_

\_\_\_\_\_

List special skills, interest, and hobbies: \_\_\_\_\_

Do you understand/speak another language?  Yes  No Which language? \_\_\_\_\_

Is there a special program that interests you? \_\_\_\_\_

Please attach copies of your driver's license, automobile insurance card, and automobile registration.

Driver's license number and state: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Indicate days you are available to volunteer. *(Please circle preferred days and time)*

Mon. Tues. Wed. Thurs. Fri. Sat. Sun. Morning Afternoon Evening

Please provide the name, address, and phone number of two **NON-RELATED REFERENCES**.

1. Name \_\_\_\_\_ 2. Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

In case of an emergency, please notify:

Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship \_\_\_\_\_

Do you have any medical or physical limitations of which we should be aware?  Yes  No

If yes, please provide details \_\_\_\_\_

Have you ever pled guilty, been convicted of or received probation for a criminal offense within the last seven (7) years?  Yes  No

If yes, please provide details \_\_\_\_\_

Have you pled guilty, been convicted of or received probation for a violation of driving while intoxicated or of a dangerous controlled substance?  Yes  No

If yes, please provide details \_\_\_\_\_

\_\_\_\_\_

**CAREFULLY READ BEFORE SIGNING**

By signing below, I certify that the information provided on this application is true and complete. I understand that any misstatement falsified information, significant omission or representation provided by me will make me ineligible for selection retention as a volunteer for Samost JFCS of SNJ.

I authorize Samost JFCS of SNJ to investigate all statements and information contained in this application, to make inquiries as may be necessary in arriving at a decision and conduct a criminal background check.

I further understand as a Samost JFCS of SNJ volunteer, I must: (1) maintain full client confidentiality; (2) fulfill the responsibilities and comply with guidelines of the volunteer position as specified in the service description; and (3) maintain ongoing contact with the Volunteer Coordinator and Social Worker.

I certify that I have read, fully understand, and accept all terms of the foregoing application.

I understand that this application is not a guarantee of placement.

X \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*Information regarding a conviction record will not necessarily bar an applicant from volunteer work, but will be reviewed in light of all the surrounding circumstances, including the duties of the volunteer assignment. Factors such as age at the time of the offence, date, seriousness, and nature of the offense, as well as the applicant's rehabilitation record will be taken into account.

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OFFICIAL USE ONLY

Date received: \_\_\_\_\_ Orientation date: \_\_\_\_\_

Assignment: \_\_\_\_\_ Social Worker: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_