



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**  
**Teacher's Helper 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 that you can use in the classroom \_\_\_\_\_  
\_\_\_\_\_

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 #: \_\_\_\_\_

Please circle the day(s) you are able to volunteer and indicate the time slot(s) that you are available.

Monday _____ to _____	Tuesday _____ to _____
Wednesday _____ to _____	Thursday _____ to _____
Friday _____ to _____	

Please indicate age preference:       2 years     3 years     4 years     5 years

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 \_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_

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