

3333 North Front Street, Harrisburg, PA 17110 | Ph: (717) 233-1681

## JEWISH FAMILY SERVICE VOLUNTEEER APPLICATION

DATE OF APPLICATION:			
Name:			
Address:			
Date of Birth:			
Phone:			
Emergency Contact:			
Name:	Phone:		
How did you find out about voluntee	ers at JFS?		
Areas of volunteer interest (mark all	that apply):		
Kosher Meals on Wheels Packe	er Kosher Meals on Wheels Driver		
Office Support	Food Pantry Fund-raising support		
Writing	_ Adoption PicnicAdoption Support		
Foster Parent Fairs			
Education Background/Special Traini	ing:		
	<del></del>		
Work Background:			
Languages (addition to English):			
Dravious/Current Valuntaes Function			
Previous/Current Volunteer Experier	ices.		

Do you have any Experience working with Seniors?				
Why have you chosen to Voluntee	r with Jewish Fami	ly Service?		
What are your special interests, tal	lents, or hobbies?			
Is it important for any client to hav		or hobbies?; If yes please explain:		
Time Available for Volunteering: (li Monday Tu Friday Su	esday	Wednesday Thursday		
Do you drive? Yes  Do you have a car? Yes		License#		
References: (Please List Three)				
Name:  1 2 3		Phone Number:		
Signature of Volunteer Applicant:		Date:		
JFS OFFICE USE ONLY*********				
COMMITMENT:				
PROJECT:START DATE:				
		BACKGROUND REF#		