

JEWISH HOME



A beneficiary of Jewish Home & Senior Living Foundation and the San Francisco-based Jewish Community Federation.

302 Silver Avenue San Francisco, CA 94112 415.334.2500 jhsf.org

PROSPECTIVE VOLUNTEER PROFILE FOR ADULTS

If you are interested in volunteering at the Jewish Home of San Francisco, please complete this form and then mail or e-mail it to us.

<input type="text"/>	<input type="text"/>
NAME	NICKNAME
<input type="text"/>	<input type="text"/>
ADDRESS	BIRTHDAY (MONTH/DATE/YEAR)
<input type="text"/>	<input type="text"/>
CITY	STATE ZIP
<input type="text"/>	<input type="text"/>
HOME PHONE	CELL PHONE
<input type="text"/>	<input type="text"/>
E-MAIL ADDRESS	
How do you prefer to be contacted? <input type="checkbox"/> Telephone <input type="checkbox"/> E-mail	

EMPLOYMENT EXPERIENCE

<input type="text"/>	<input type="text"/>
PRESENT OCCUPATION	EMPLOYER
May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	WORK PHONE
<input type="text"/>	
PREVIOUS EMPLOYMENT	

FOR VOLUNTEER DEPARTMENT USE ONLY

<input type="checkbox"/> Interview	<input type="checkbox"/> Release authorization	<input type="checkbox"/> TB test	<input type="checkbox"/> Photo
<input type="checkbox"/> Orientation	<input type="checkbox"/> Volunteer agreement	<input type="checkbox"/> Database	
<input type="text"/>	<input type="text"/>		
START DATE	ASSIGNMENT		
<input type="text"/>			
NOTES			

VOLUNTEER EXPERIENCE

<input type="text"/>	<input type="text"/>	<input type="text"/>
ORGANIZATION	DATE	DUTIES
<input type="text"/>	<input type="text"/>	<input type="text"/>
ORGANIZATION	DATE	DUTIES

VOLUNTEERING AT THE JEWISH HOME

WHY DO YOU WISH TO VOLUNTEER AT THE JEWISH HOME?

PREFERRED VOLUNTEER POSITIONS OR DUTIES

SPECIAL INTERESTS OR SKILLS

FOREIGN LANGUAGES SPOKEN

What service areas interest you?

Creative Arts Gift Shop

Activities Rehabilitation

Garden Café

HOW DID YOU HEAR ABOUT THE JEWISH HOME?

NAME OF ANY RELATIVE(S) LIVING OR WORKING AT THE JEWISH HOME

Have you previously volunteered or worked at the Jewish Home? Yes No When?

AVAILABILITY

HOW LONG CAN YOU COMMIT TO BEING A JEWISH HOME VOLUNTEER?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MONDAY (HOURS)	TUESDAY (HOURS)	WEDNESDAY (HOURS)	THURSDAY (HOURS)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FRIDAY (HOURS)	SATURDAY (HOURS)	SUNDAY (HOURS)	

Will you be available on a regular basis and able to arrive on time? Yes No

IF NO, PLEASE EXPLAIN

EDUCATION

Highest level completed: High school Junior college College Graduate school

Year of completion:

HIGH SCHOOL

UNDERGRADUATE

GRADUATE

If currently in school:

NAME OF SCHOOL

WHAT IS YOUR MAJOR?

EMERGENCY INFORMATION

NAME OF EMERGENCY CONTACT

PHONE

RELATIONSHIP

ALTERNATE PHONE

DOCTOR OR HEALTHCARE PROVIDER

PHONE

LEGAL HISTORY

Have you ever been convicted of a crime (misdemeanor or felony)? Yes No

If yes, please explain on the Criminal Record Statement form.

Answering yes to this question does not necessarily disqualify you from volunteering.

REFERENCES

Please provide the names of two persons, not related to you, whom you have known for at least one year. References should be 18 years of age or older.

NAME

RELATIONSHIP

ADDRESS

PHONE

CITY

STATE

ZIP

YEARS AQUAINTED

NAME

RELATIONSHIP

ADDRESS

PHONE

CITY

STATE

ZIP

YEARS AQUAINTED

AGREEMENT

I understand that the Jewish Home may contact the above references, and I give my permission to do so.

I understand that any personal information received by Jewish Home staff/volunteers during the course of my service is to be kept STRICTLY CONFIDENTIAL.

I understand that any false statement, misrepresentation, or omission of fact on this form, regardless of when discovered to be false, may result in my immediate dismissal.

I will take any problems, criticisms, or suggestions to the Volunteer Services staff.

I understand my service is on a voluntary basis and I will not ask for wages.

I understand that I will be asked to undergo a criminal background check and an annual TB test, and I agree to comply with these requirements.

SIGNED

DATE

Please return this form by mail, fax or e-mail:

MAIL: Jewish Home
302 Silver Avenue
San Francisco, CA 94112

FAX: 415.334.4375

E-MAIL: volunteer@jhsf.org

For information, call us:

PHONE: 415.469.2229