

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 STUDENTS

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

EXPERIENCE

Are you employed? Yes No

EMPLOYER NAME

YOUR POSITION

PAST VOLUNTEER POSITIONS

ORGANIZATION

DATE

DUTIES

ORGANIZATION

DATE

DUTIES

FOR VOLUNTEER DEPARTMENT USE ONLY

Interview

Photo

TB test

Orientation

Volunteer agreement

Database

START DATE

ASSIGNMENT

NOTES

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?

VOLUNTEERING AT THE JEWISH HOME

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

HOW DID YOU HEAR ABOUT US?

WHY DO YOU WISH TO VOLUNTEER HERE?

PREFERRED VOLUNTEER POSITIONS OR DUTIES

SPECIAL INTERESTS OR SKILLS

FOREIGN LANGUAGES SPOKEN

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

Are you volunteering to receive credit for a school or club? Yes No

HOURS NEEDED

DATE TO COMPLETE

Do you need to provide direct service (interacting with seniors)? Yes No

AVAILABILITY

HOW LONG CAN YOU COMMIT TO BEING A VOLUNTEER?

DAYS PER WEEK

HOURS PER WEEK

MONDAY (HOURS)

TUESDAY (HOURS)

WEDNESDAY (HOURS)

THURSDAY (HOURS)

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

EMERGENCY INFORMATION

<input type="text"/>	<input type="text"/>
NAME OF EMERGENCY CONTACT	PHONE
<input type="text"/>	<input type="text"/>
RELATIONSHIP	ALTERNATE PHONE
<input type="text"/>	<input type="text"/>
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

If you are 18 or older, 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.

If you are under 18 years of age, you do not have to fill out this section.

Reference forms will be provided to you.

<input type="text"/>	<input type="text"/>		
NAME	RELATIONSHIP		
<input type="text"/>	<input type="text"/>		
ADDRESS	PHONE		
<input type="text"/>	<input type="text"/>		
CITY	STATE	ZIP	YEARS AQUAINTED

<input type="text"/>	<input type="text"/>		
NAME	RELATIONSHIP		
<input type="text"/>	<input type="text"/>		
ADDRESS	PHONE		
<input type="text"/>	<input type="text"/>		
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 understand my service is on a voluntary basis and I will not ask for wages.

I understand my volunteer service is a responsibility. I will take my volunteer assignment seriously and agree to attend my assigned shift. I will be punctual and reliable. I will call in advance if I am going to be absent.

I will conduct myself with dignity and courtesy, and comply with the policies and regulations.

I will abide by the dress code established for student volunteers, and I will wear my name badge whenever I am at the Home.

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

The Jewish Home reserves the right to terminate volunteers if the action is in the interest of the Home. Such termination could result from:

Failure to comply with the Home's rules and regulations.

Repeated unexcused absences.

Personal conduct or attitude considered inappropriate.

I understand that I will be asked to undergo a criminal background check (if over 18 years of age) and an annual TB test, and I agree to comply with these requirements.

APPLICANT SIGNATURE

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN IF UNDER THE AGE OF 18

DATE

PARENT OR LEGAL GUARDIAN NAME (PLEASE PRINT)

PHONE

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