



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.

MAIL TO: Volunteer Services / Jewish Home / 302 Silver Avenue / San Francisco, CA 94112

E-MAIL: volunteer@jhsf.org

GENERAL INFORMATION

NAME

NICKNAME

BIRTH DATE

ADDRESS

CITY

STATE

ZIP

Contact information:

HOME PHONE

CELL PHONE

WORK PHONE

E-MAIL ADDRESS

Best way to contact you:

Home phone Cell phone Work phone E-mail

NAME OF SPOUSE

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

Have you ever volunteered or worked at the Jewish Home?

Yes No

IF YES, WHEN?



EMPLOYMENT EXPERIENCE

PRESENT OCCUPATION

EMPLOYER

May we contact you at work? Yes No

WORK PHONE

PREVIOUS EMPLOYMENT

VOLUNTEER EXPERIENCE

ORGANIZATION

DATE

DUTIES

ORGANIZATION

DATE

DUTIES

ORGANIZATION

DATE

DUTIES

VOLUNTEERING AT THE JEWISH HOME

Please tell us about your interests.

HOW DID YOU HEAR ABOUT 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

Please indicate availability.

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

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



EDUCATION

Highest level completed: High school Jr. college College Graduate school

If currently in school:

NAME OF SCHOOL

WHAT IS YOUR MAJOR?

Year of graduation:

HIGH SCHOOL

UNDERGRADUATE

GRADUATE

MEDICAL INFORMATION

In case of emergency:

NAME OF EMERGENCY CONTACT

RELATIONSHIP

PHONE

ALTERNATE PHONE

DOCTOR OR HEALTHCARE PROVIDER

PHONE

GENERAL HEALTH

ALLERGIES

MEDICATIONS TO BE AWARE OF IN AN EMERGENCY

Do you have any medical or emotional limitations which might impact your work?

Yes No

IF YES, PLEASE EXPLAIN HOW YOU BELIEVE YOU CAN BE ACCOMMODATED

Have you had any communicable diseases in the past six months?

Yes No

IF YES, PLEASE EXPLAIN

Have you ever been screened for tuberculosis?

Yes No

IF YES, DATE OF LAST SCREENING AND RESULT

LEGAL HISTORY

Have you ever been convicted of a crime?

Exclude any marijuana-related convictions dated more than two years ago, or sealed/expunged convictions. Conviction will not necessarily disqualify your application.

Yes No

IF YES, PLEASE EXPLAIN



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.

1:
 NAME YEARS ACQUAINTED

RELATIONSHIP PHONE

ADDRESS

CITY STATE ZIP

2:
 NAME YEARS ACQUAINTED

RELATIONSHIP PHONE

ADDRESS

CITY STATE ZIP

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

IF E-MAILING, PRINT THIS PAGE AND BRING IT WITH YOU TO YOUR INTERVIEW