



Please complete form, sign, and return.

Email: pweisman@jssa.org **FAX:** 301.309.2596 **ATTN:** Paula

Mail: Paula Weisman, 200 Wood Hill Road, Rockville, MD 20850

Questions? Please call 301. 301.610.8337

Thank you for thinking JSSA!

Date _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Work** _____ **Cell** _____

Email Address _____

Emergency Contact _____ **Phone** _____

How did you hear about JSSA?

<input type="checkbox"/> Friend	<input type="checkbox"/> JSSA Website	<input type="checkbox"/> Jewish Federation
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> School	<input type="checkbox"/> Synagogue/Church Bulletin
<input type="checkbox"/> Internet	<input type="checkbox"/> Community/Volunteer Fair	<input type="checkbox"/> Other: _____

JSSA offers a variety of volunteer opportunities. What are your volunteer interests?

- Providing administrative support in a JSSA office
- Working with end-of-life patients and families through JSSA's Hospice/Transitions Program
- Delivering nutritional meals to the homebound through JSSA's Meals on Wheels Program
- Connecting with Seniors
 - Social visits through JSSA's Friendly Visiting Program
 - Connecting with Holocaust Survivors
 - Shopping for seniors
 - Driving and accompanying seniors to appointments
 - Teaching courses to seniors at nursing homes or assisted living facilities
- Connecting with People with Special Needs through social clubs



For the best in child, family and senior services...Think JSSA

Rockville (Fallsgrove), 301-838-4200 • Rockville (Montrose Road), 301-881-3700 • Fairfax, 703-204-9100

www.jssa.org

Are you: a young professional a retiree

Are you interested in Jewish learning related to volunteering? Yes No

Highest level of education completed:

High school 2 Year Degree 4 Year Degree Masters or above

Major(s)

Please tell us about your employment or volunteer experience. If you work, please tell us your profession or area of expertise. If you have volunteer experience, please tell us with what agencies or populations you have volunteered.

Employment

Dates

From

To

1.

2.

3.

Volunteer Experience

Dates

From

To

1.

2.

3.

Hobbies and/or interests

Languages

When are you available to help?

Mon

Tues

Wed

Thur

Fri

Sat

Sun

Morning

Afternoon

Evening

I am willing to make a commitment of limited-term 6 months 12 months*

*Required for Hospice/Transitions Volunteers

I agree to a criminal background check. Yes No

I agree to a driving record check (if my volunteer role may involve driving JSSA clients). Yes No



APPLICANT'S STATEMENT (Please read carefully and sign)

The information I provided in this application is true, correct and complete, to the best of my knowledge. I understand that any false or misleading information, omissions or unsatisfactory references may result in denial of my application or, if discovered after my volunteer assignment commences, immediate termination as a volunteer. I authorize Jewish Social Service Agency ("JSSA") to investigate and verify all information requested or provided on this application, and authorize persons and entities to provide such information. I hereby acknowledge that I have received a copy of the FCRA (Public Law 91-508) form. All references listed may be contacted unless I expressly direct JSSA to not contact such references. I release JSSA and all persons or entities that provide information from all liability or claims relating to the information or decisions made based on that information.

I agree to maintain the confidentiality of all information regarding JSSA or the individuals or organizations it serves while serving as a volunteer of JSSA.

Further, I understand that, if selected for a volunteer position, my volunteer assignment will be at will, which means that this relationship is strictly voluntary and my relationship with JSSA may be ended by myself or JSSA with or without cause or notice, at any time. I also understand and agree that I am not being offered employment with JSSA or the promise of any future employment with JSSA as a result of completing this volunteer application form or serving as a volunteer with JSSA.

Signature _____

Date _____



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Volunteer References

Date _____

Volunteer _____

Phone _____

**Please list at least 2 professional or volunteer references whom we may contact.
A 3rd reference can be a personal reference excluding family members.**

Reference #1

Mr./Ms. _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email: _____ :

Reference #2

Mr./Ms. _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email: _____

Reference #3

Mr./Ms. _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email: _____