

Application for Youth Short-Term Volunteering

Your Information

Name:

Gender: Male Female

Address:

City:

State:

Zip:

Birth Date:

Age:

Home Phone:

Cell Phone:

Email Address:

What is the best way & time to reach you?

How did you hear about volunteering at JSS?

United Way

We receive United Way funds & are required to collect certain statistics, which are reported by category; volunteers' names are never provided.

Race:

Are you disabled? Yes No

Education & Interests

School:

Grade:

Are you being required to volunteer? Explain

Preferences

Will someone be able to drive you if necessary, or can you take the bus? Yes No

Your Volunteer Preferences (check any that apply):

- Occasional errand
- Deliver Hanukkah menorahs to seniors in nursing homes & assisted living facilities
- Senior Passover Seder
- Schlepp donated furniture and household items
I have access to a suitable vehicle (check mark)
- Computer assistance, as needed
- Deliver holiday gifts

Please read the following carefully before you sign this application.

1. **I certify** that the statements made by me are true and correct, to the best of my knowledge. I will not withhold information that might affect my application for a volunteer position, and I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Jewish Social Services, or my termination as a volunteer. I grant permission to Jewish Social Services to verify documents I submit and statements I make. I agree to release and hold harmless from liability any person or organization that provides information, as well as Jewish Social Services. I understand that this is an application and not a commitment or promise to provide me a volunteer placement with JSS.
2. **Volunteer Confidentiality** - I have discussed and understand the need to protect the privacy of Jewish Social Services of Madison (JSS) and its service recipients, and agree to respect the confidentiality of all client information that I observe and am privy to as a volunteer of JSS. All information regarding individuals is to be kept within the confines of JSS, its programs and/or facilities. Client information is to be discussed only with JSS social service staff. Additionally, confidential health

information is to include all information past, present or future that may reveal something about the individuals' physical and/or mental health.

In the event of an emergency I should call 911.

If I observe anything regarding a JSS client that concerns me, this confidentiality agreement requires that I report it as soon as possible to the social service staff at 608-278-1808, during office hours (Monday-Friday, 9:00-5:00).

Confidentiality extends to all public relations material. Volunteers may not discuss JSS clients with any form of media, without prior approval of JSS. The information in Jewish Social Services volunteer records is to be discussed only with JSS social service staff.

3. **Photographic Release, Information Release, and Parental Permission** - I have received permission from my parents to provide my personal information, quotes, and photographs which may be used as part of Jewish Social Services' promotional materials and news coverage. I understand that this application will be kept confidential.

- I agree to the above terms and conditions.
- My parents agree to the above terms and conditions.