

# Youth Volunteer Application

## Jewish Social Services of Madison

6434 Enterprise Lane

Madison, WI 53719

Phone: 278-1808 / Fax: 278-7814

**Please print clearly**

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Gender: Male Female

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail address \_\_\_\_\_

What is the best way & time to reach you? \_\_\_\_\_

United Way data: Race _____ Are you disabled? (Circle one) YES NO (We receive United Way funds & are required to collect certain statistics, which are reported by category; volunteers' names are never provided).
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School \_\_\_\_\_ Grade \_\_\_\_\_

Previous Volunteer Experience; list agencies and what you did \_\_\_\_\_  
\_\_\_\_\_

Hobbies & interests \_\_\_\_\_  
\_\_\_\_\_

Groups, clubs, organizational memberships (include offices & leadership positions held) \_\_\_\_\_  
\_\_\_\_\_

Languages you speak \_\_\_\_\_ Location Preferences \_\_\_\_\_

**References** These are acceptable: employers, including baby-sitting, volunteer supervisors, teachers, clergy, coaches; friends & relatives are not). We suggest getting the references' permission to use their name. At least one reference should be local. List name, phone number & their relationship to you.

1. \_\_\_\_\_

2. \_\_\_\_\_

Will someone be able to drive you if necessary or can you take the bus? \_\_\_\_\_

When are you available? Take into consideration your school, Hebrew school & activities schedules.

Mon from \_\_\_\_\_ to \_\_\_\_\_  
Tues from \_\_\_\_\_ to \_\_\_\_\_  
Wed from \_\_\_\_\_ to \_\_\_\_\_  
Thurs from \_\_\_\_\_ to \_\_\_\_\_

Fri from \_\_\_\_\_ to \_\_\_\_\_  
Sat from \_\_\_\_\_ to \_\_\_\_\_  
Sun from \_\_\_\_\_ to \_\_\_\_\_

Your Volunteer Preferences (check any that apply)

- Friendly Visitor - regular visits to an individual who is home-bound, to reduce isolation, as needed
- First Friend – establish a relationship with an individual with a disability, as needed
- Run errands for an individual who is house-bound
- Telephone reassurance
- Senior Shabbat gatherings in nursing homes
- Deliver Hanukkah menorahs to seniors in nursing homes & assisted living facilities
- Community Senior Passover Seder
- Schlepp donated furniture and household items
- Social action (yard work, house work, food/clothing/household good drive)
- Computer assistance, as needed
- Read to an individual or group
- “Blackout” boxes for seniors and people with disabilities.
- Spring flowers or herbs planted in flower pots.
- Yard work and gardening
- Back-to-school backpacks for Jewish students in need.
- Pen pal to an elder or person with disability.
- Raise funds for JSS programs through car washes, yard sales, etc.
- Collect food and/or toiletries for JSS clients
- Care packages for US military forces stationed abroad.
- Other \_\_\_\_\_

**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.

\_\_\_\_\_  
JSS Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
JSS Volunteer's name-Printed

**3. Photographic & Information Release**

I give permission for my son's/daughter's personal information, quotes and photographs of to be used as part of Jewish Social Services' promotional materials and news coverage.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**4. Parental Permission**

I, (print name) \_\_\_\_\_ (parent/guardian) give my permission

for my son/daughter (print name) \_\_\_\_\_

to volunteer with Jewish Social Services of Madison. I understand that information in this application will be kept confidential.

\_\_\_\_\_  
JSS Representative

\_\_\_\_\_  
Date