

WJCS VOLUNTEER APPLICATION FORM

Name _____ Phone (H) _____ (email) _____

Address _____

Employer _____ Address _____

Today's Date _____ Birthday _____ (month, day)

Contact in Emergency _____ Phone _____

I. SKILLS AND INTERESTS

EDUCATIONAL BACKGROUND _____

Current Occupation (if applicable) _____

(If you hold any special teaching certificates, please place copies on file with office)

Special Hobbies, Interests _____

Previous Work/Volunteer Experience _____

GENERAL SKILLS

Please check the skills you would like to employ in your volunteer position

<input type="checkbox"/> Initiating	<input type="checkbox"/> Patience	<input type="checkbox"/> Organizing
<input type="checkbox"/> Negotiating	<input type="checkbox"/> Designing	<input type="checkbox"/> Idea generation
<input type="checkbox"/> Innovating	<input type="checkbox"/> Socializing	<input type="checkbox"/> Researching
<input type="checkbox"/> Planning	<input type="checkbox"/> Enthusiasm	<input type="checkbox"/> Physical Activity
<input type="checkbox"/> Cooperating	<input type="checkbox"/> Making things	<input type="checkbox"/> Using hands and tools
<input type="checkbox"/> Observing	<input type="checkbox"/> Artistry	<input type="checkbox"/> Inspecting
<input type="checkbox"/> Other _____		

PARTICULAR SKILLS

Please check all those applicable

<input type="checkbox"/> Dance	<input type="checkbox"/> Drama	<input type="checkbox"/> Music (specify type) _____
<input type="checkbox"/> Baking/Cooking	<input type="checkbox"/> Photography	<input type="checkbox"/> Art (specify type) _____
<input type="checkbox"/> Sewing	<input type="checkbox"/> Knitting	<input type="checkbox"/> Needlework
<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Languages Spoken _____
<input type="checkbox"/> Counseling	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Training with the blind
<input type="checkbox"/> Computers	<input type="checkbox"/> Library Skills	<input type="checkbox"/> Writing / Public Relations
<input type="checkbox"/> Recreational Therapy	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Coaching (sport) _____
<input type="checkbox"/> Videotaping		
<input type="checkbox"/> Other _____		

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- Working directly with a staff person, as an assistant
 - Helping in an office with general administrative duties
 - Doing research, teaching or doing an individual project
 - Working one-on-one with a single client
 - Providing a service to several clients
 - Public speaking, fundraising, etc.
 - No preference
 - Other _____
-

Is there a person or group with whom you are particularly interested in working? (Check all that apply)

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Adults | <input type="checkbox"/> Females | <input type="checkbox"/> Physically Handicapped |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Males | <input type="checkbox"/> Developmentally Disabled |
| <input type="checkbox"/> Children | <input type="checkbox"/> Agency Staff | <input type="checkbox"/> Mentally Disabled |
| <input type="checkbox"/> Teens | <input type="checkbox"/> No Preference | <input type="checkbox"/> Other _____ |

Are there any groups with whom you would feel uncomfortable? If yes, which one(s) _____

II. VOLUNTEER MOTIVATIONS

Why do you want to volunteer with WJCS? Check the top 5 reasons. Your honest answer will help us to match your motivations with opportunities and make the best placement.

- | | |
|---|--|
| <input type="checkbox"/> To better community | <input type="checkbox"/> To be part of a team |
| <input type="checkbox"/> To earn recognition | <input type="checkbox"/> To work in a group |
| <input type="checkbox"/> To be needed | <input type="checkbox"/> To sharpen unused skills |
| <input type="checkbox"/> To be successful | <input type="checkbox"/> To work with friends |
| <input type="checkbox"/> To exert power | <input type="checkbox"/> To test interests without pressure to succeed |
| <input type="checkbox"/> To work in area of expertise | <input type="checkbox"/> To do something different than regular work |
| <input type="checkbox"/> To try something new | <input type="checkbox"/> To build new skills |

III. AVAILABILITY

At what times are you interested in volunteering?

- | | | |
|--|--|--|
| <input type="checkbox"/> Prefer mornings | <input type="checkbox"/> Prefer afternoons | <input type="checkbox"/> Prefer evenings |
| <input type="checkbox"/> Prefer weekdays | <input type="checkbox"/> Prefer weekends | <input type="checkbox"/> Am flexible |
| <input type="checkbox"/> Prefer occasional work or special projects | | |
| <input type="checkbox"/> There are times during the week that I cannot do volunteer work | | |

How many volunteer hours do you want to commit to per week? _____

Do you have access to an automobile you can use for volunteer work? ___ No ___ Yes

Do you have a geographic preference as to where you do volunteer work? ___ No ___ Yes

Where? _____

Briefly describe the type(s) of volunteer work that you would like to do_____

Additional information which would be helpful in making your placement?_____

IV. REFERENCES

How did you hear about us?

Saw description of program(s)

Advertisement

Referred by friend / volunteer

From client of Agency

Other_____

List names, addresses and phone numbers of two personal / work references. Written references are required before starting any volunteer assignment.

Name_____ Phone_____

Address_____

Name_____ Phone_____

Address_____

Please return this form to:

Volunteer Department
Westchester Jewish Community Services
845 North Broadway – Suite 2
White Plains, New York 10603
Attention: Meryl Lewis
Coordinator of Volunteer Services
(914) 761-0600, ext 222