

**Peninsula Jewish Community Center
VOLUNTEER APPLICATION**

Filling out this application form will help us match you to a volunteer position within the PJCC. It also provides the organization with important demographic information that will help us plan for the future.
Please type or print clearly.

Date: _____

Background Information

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Work Phone: _____

Fax Number: _____ E-mail: _____

Gender:

Male

Female

Relationship Status:

Married

Separated

Partnered

Widowed

Divorced

Single

Number of Children under Age 18: _____

Number of Children Age 18 and Over: _____

Education (indicate highest level achieved): Field of Study:

High School

College (2 years)

College (4 years)

Masters Degree

Doctorate

Other:

Other Information

Current Work Status

Full-time

Part-time

Student

Retired

Full-time Parent/Homemaker

Not Employed

Occupation: _____

Employer/School: _____

Have you ever been convicted of a felony?

Yes

No

(If yes, please describe) _____

Do you have previous volunteer experience?

Yes

No

(If yes, please describe) _____

Languages:

English

Russian

Spanish

Hebrew

Yiddish

French

ASL

German

Other _____

Computer Skills: _____

Other skills, interests, hobbies: _____

Affiliations (synagogue or organization): _____

Have you previously applied to the PJCC to be a volunteer?

Yes

No

How long of a commitment can you make? 6 months 1 year
 1 year plus Short-term projects One-time special projects

Time Availability: Please check the times you are or can be available.

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why have you chosen the Peninsula Jewish Community Center as a place to fulfill your volunteer commitment?

I am interested in volunteering at the PJCC by helping with: Office work Children Seniors
 Other _____

How did you hear about volunteering at the PJCC? _____

Is there any medical or disability related issue that would affect your ability to perform the job? Yes No
 Have you been exposed to any communicable diseases in the past 6 months? Yes No

Work Experience (list most recent experience first)

Dates	Job Title/Description	Employer Name and Address	Reason for Leaving

References

Please list the names, telephone numbers and complete addresses of two people who have known you for at least two years.

Name: _____ Home Phone: _____ Business Phone: _____
 Address: _____ City: _____ Zip: _____

Name: _____ Home Phone: _____ Business Phone: _____
 Address: _____ City: _____ Zip: _____

In Case of Emergency

Name: _____ Relationship: _____
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Business Phone: _____

Please Read and Sign

I am applying for a volunteer assignment at the Peninsula Jewish Community Center (PJCC). Permission is hereby given to the PJCC to contact the references named above, as part of the organizations screening process.

I have answered the questions above truthfully and will answer all further questions truthfully and to the best of my ability. I understand that, if I give false information to the agency, I will not be accepted (nor be allowed to continue) as a PJCC volunteer.

 Applicant's Signature

 Date