

PROSPECTIVE VOLUNTEER PROFILE FOR STUDENTS

If you are interested in volunteering at the Jewish Home of San Francisco, please complete this form and then mail or e-mail it to us.

MAIL TO: Volunteer Services / Jewish Home / 302 Silver Avenue / San Francisco, CA 94112

E-MAIL: volunteer@jhsf.org

GENERAL INFORMATION

<input type="text"/>		
NAME		
<input type="text"/>		
ADDRESS		
<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP
<input type="text"/>		
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)		
<input type="text"/>	<input type="text"/>	<input type="text"/>
NICKNAME	AGE	BIRTH DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>
HOME PHONE	CELL PHONE	E-MAIL ADDRESS

EDUCATION

<input type="text"/>	
NAME OF SCHOOL	
<input type="text"/>	<input type="text"/>
YEAR OF GRADUATION	CURRENT GRADE
<input type="text"/>	
FUTURE CAREER GOALS	
<p><i>Do you participate in seasonal sports?</i></p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/>	
IF YES, PLEASE DESCRIBE	
<input type="text"/>	
LIST ACTIVITIES IN WHICH YOU ARE INVOLVED	
<input type="text"/>	
FOREIGN LANGUAGES SPOKEN	
<input type="text"/>	
SPECIAL INTERESTS / SKILLS / HOBBIES	

EXPERIENCE

Are you employed?

Yes No

EMPLOYER'S NAME

YOUR POSITION

Past volunteer positions:

ORGANIZATION

DATE

DUTIES

ORGANIZATION

DATE

DUTIES

VOLUNTEERING AT THE JEWISH HOME

HOW DID YOU HEAR ABOUT THE JEWISH HOME?

WHY DO YOU WISH TO VOLUNTEER AT THE JEWISH HOME?

Do you have a family member who works at the Home?

IF YES, NAME AND DEPARTMENT OF FAMILY MEMBER

Please indicate availability.

DAYS PER WEEK

HOURS PER WEEK

MONDAY (HOURS)

TUESDAY (HOURS)

WEDNESDAY (HOURS)

THURSDAY (HOURS)

FRIDAY (HOURS)

SATURDAY (HOURS)

SUNDAY (HOURS)

How long can you commit to being a volunteer at the Home?

Will you be available on a regular basis and able to arrive on time?

Yes No

IF NO, PLEASE EXPLAIN

Are you volunteering for credit for school, a club, etc.?

Yes No

HOURS NEEDED

DATE TO COMPLETE

Do you need to provide direct service (interacting with seniors)?

Yes No

MEDICAL INFORMATION*In case of emergency:*

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NAME OF EMERGENCY CONTACT

RELATIONSHIP

--	--

PHONE

ALTERNATE PHONE

--	--

DOCTOR OR HEALTHCARE PROVIDER

PHONE

--

GENERAL HEALTH

--

ALLERGIES

--

MEDICATIONS TO BE AWARE OF IN AN EMERGENCY

Do you have any medical or emotional limitations which might impact your work? Yes No

--

IF YES, PLEASE EXPLAIN HOW YOU BELIEVE YOU CAN BE ACCOMMODATED

Have you had any communicable diseases in the past six months? Yes No

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IF YES, PLEASE EXPLAIN

Have you ever been screened for tuberculosis? Yes No

--

IF YES, DATE OF LAST SCREENING AND RESULT

LEGAL HISTORY*Have you ever been convicted of a crime?*

Exclude any marijuana-related convictions dated more than two years ago, or sealed/expunged convictions. Conviction will not necessarily disqualify your application.

 Yes No

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IF YES, PLEASE EXPLAIN

REFERENCES

If you are 18 or older, please provide the names of two persons, not related to you, whom you have known for at least one year. References should be 18 years of age or older. (If you are under 18 years of age, you do not have to fill out this section. Reference forms will be provided to you.)

1:		
	NAME	YEARS ACQUAINTED
	RELATIONSHIP	PHONE
2:		
	NAME	YEARS ACQUAINTED
	RELATIONSHIP	PHONE

The Jewish Home reserves the right to terminate volunteers if the action is in the interest of the Home. Such termination could result from:

Failure to comply with the Home's rules and regulations.

Repeated unexcused absences.

Personal conduct or attitude considered inappropriate.

STUDENT VOLUNTEER PLEDGE

I understand that the Jewish Home may contact the above references, and I give my permission to do so.

I understand that any personal information received by Jewish Home staff/volunteers during the course of my service is to be kept **STRICTLY CONFIDENTIAL**.

I understand that any false statement, misrepresentation, or omission of fact on this form, regardless of when discovered to be false, may result in my immediate dismissal.

I understand my service is on a voluntary basis and I will not ask for wages.

I understand my volunteer service is a responsibility. I will take my volunteer assignment seriously and agree to attend my assigned shift.

I will conduct myself with dignity and courtesy, and comply with the policies and regulations.

I will be punctual and reliable. I will call in advance if I am going to be absent.

I will abide by the dress code established for student volunteers.

I will wear my name badge whenever I am at the Home.

I will take any problems, criticisms, or suggestions to the Volunteer Services staff.

I understand that I will be asked to undergo a criminal background check (if over 18 years of age) and an annual TB test, and I agree to comply with these requirements.

SIGNED	DATE

If you are under the age of 18, please have a parent or guardian complete the following:

SIGNED	DATE

IF E-MAILING, PRINT THIS PAGE AND BRING IT WITH YOU TO YOUR INTERVIEW

PRINT NAME	PHONE