

APPLICATION FOR VOLUNTEER SERVICES

JEWISH VOCATIONAL SERVICE

a constituent agency of Combined Jewish Philanthropies and United Way

Please return to Sharon Zammuto, 617 399-3218
29 Winter St., 3rd floor, Boston, MA 02108

TODAY'S DATE _____

NAME _____
Last First MI

ADDRESS _____
Street City State Zip

TELEPHONE (____) _____ (____) _____
Home Business

EMAIL ADDRESS _____

Person to Notify in Emergency _____ Relationship _____
Home Phone(____) _____ Business Phone (____) _____

EDUCATION Are you currently a student? Y / N

High School _____ Year of Graduation _____
Mo/Yr

College _____ Year of Graduation _____
Mo/Yr

Area of Study _____

Other _____ Year of Graduation _____
Mo/Yr

Employment Status:() Full Time () Part Time () Not Currently Employed () Retired

Current employment _____ From _____

Position held _____ Supervisor _____

Previous employment _____ From _____ To _____

Position held _____ Reason for leaving _____

LANGUAGES SPOKEN _____

How did you hear about volunteer opportunities at JVS?

Previous Volunteer Experience(when, where, what kind?)_____

Why do you want to volunteer at Jewish Vocational Service?_____

Days Available:	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	Morning		Afternoon		Evening		
Times Available:							
Program Interest:							

Optional: (circle one)

Gender: Male Female

Race: African-American Native American Asian-American Latino

White Other

Are you Jewish? Do You Have A Disability?

I certify the above information is correct and agree to abide by the guidelines of the Volunteer Department of Jewish Vocational Service and respect the clients with whom I work.

Signature_____ Date _____