

**Personal Information**

Title:

Full Name:

Address:

Postal Code:

Area of the city:

Home Phone:

Work Phone:

Fax:

Email:

Age Range: (If under 18, parental consent is required)

Employed:

Full-time

Part-time

Unemployed

Retired (Date retired: )

If you are a student, state where; what year and faculty:

What are your career goals?

**Education**

|                               |  |
|-------------------------------|--|
| Grade completed or Degree(s): |  |
| Other education or training:  |  |

**Work Experience**

|           |                       |
|-----------|-----------------------|
| Present:  | Dates:<br>Occupation: |
| Previous: | Dates:<br>Occupation: |
| Previous: | Dates:<br>Occupation: |
| Previous: | Dates:<br>Occupation: |

**Volunteer Experience**

|           |                |
|-----------|----------------|
| Present:  | Dates:<br>Job: |
| Previous: | Dates:<br>Job: |

|   |                    |
|---|--------------------|
| Previous:   | Dates:<br><br>Job: |
| Previous:   | Dates:<br><br>Job: |
| What kind of volunteer jobs are of most interest to you?                |                    |
| What type of experience do you hope to gain in your volunteer position? |                    |

**Skills and Interests**

|   |               |
|---|---------------|
| What interests, hobbies and special skills do you have?   |               |
| Languages spoken other than English?  |               |
| Do you have any medical and/or physical, mental or psychiatric conditions that would affect your ability to perform your volunteer duties, or that JCFS should be aware of? | Yes<br><br>No |

|   |                                  |
|---|----------------------------------|
| If answered yes to the above question, please describe briefly:                                   |                                  |
| Are you able to commit yourself as a JCFS volunteer for at least one year?                        | Yes<br>No                        |
| Are you regularly out of town for extended periods; i.e., on winter/summer holidays? If so, when? |                                  |
| Do you have a car with adequate insurance?  | Yes (Licence Class:      )<br>No |
| Would you be willing to transport clients as part of your volunteer work?                         | Yes<br>No                        |
| Where did you hear about the JCFS volunteer program?  |                                  |
| What is your reason for volunteering?   |                                  |

| <b>Emergency Contact</b> |  |
|--------------------------|--|
| Full Name:               |  |
| Relationship:            |  |
| Address:                 |  |

|             |  |
|-------------|--|
|             |  |
| Home Phone: |  |
| Work Phone: |  |

|                   |
|-------------------|
| <b>References</b> |
|-------------------|

|  |
|--|
| Three character references other than family & preferably employment or volunteer. |
|--|

|               |  |
|---------------|--|
| 1) Full Name: |  |
| Relationship: |  |
| Address:      |  |
|               |  |
| Home Phone:   |  |
| Work Phone:   |  |
|               |  |
| 2) Full Name: |  |
| Relationship: |  |
| Address:      |  |
|               |  |
| Home Phone:   |  |
| Work Phone:   |  |
|               |  |
| 3) Full Name: |  |
| Relationship: |  |
| Address:      |  |
|               |  |

|             |  |
|-------------|--|
| Home Phone: |  |
| Work Phone: |  |

**We want you to read and consider carefully this Code of Confidentiality. As a participant in our volunteer program, it is necessary that you understand and comply with both parts of it.**

**The Code of Confidentiality:** As I participate with individuals, I will respect their right to total privacy concerning the details of their lives. I will not discuss their names, addresses, backgrounds, family relationships or the nature of possible problems. As I participate in Jewish Child and Family Service, I will respect its right to be presented in a positive and favourable light to others. As a volunteer I am a responsible member of the organization.

Yes. I understand and comply with the Code of Confidentiality.

Fax this form to 477-7450 or mail in to:  
Jewish Child and Family Service  
Suite C200 – 123 Doncaster St  
Winnipeg MB R3N 2B2