



MANHATTAN • BRONX • SARAH NEUMAN CENTER/WESTCHESTER
LIFECARE COMMUNITY SERVICES

I would like to volunteer at the following location(s):

- ___ Manhattan
- ___ Bronx
- ___ Sarah Neuman Center
- ___ Lifecare Community Services

Volunteer Application

Last Name _____ First Name _____

Birth date ___/___/___ Email Address _____

Phone: (Home) _____ (Business) _____ (Cell) _____

Address _____ Apt.# _____ City _____ State _____ Zip _____

School attending or attended _____ Major _____

Level of Education (Please Circle): High School Jr. College College Post Grad

Is your volunteer work part of a special school, community or corporate program? ___ Yes ___ No

Name of Program _____

Name/Title of Contact Person _____ Phone # _____

Current/Past Employer (if applicable) _____ Occupation _____

How did you hear about volunteer opportunities of Jewish Home and Hospital?

Languages: Speak _____ Read _____ Write _____

Have you ever been convicted of any crime (misdemeanor or felony)? Yes No
(Please note that minor traffic infractions are not considered convictions.)

If yes, list all convictions (use additional paper if necessary)

Conviction: _____ Disposition: _____

Prior Work or Volunteer Experience:

Dates From - To	Organization/Business Name & Address	Duties Performed

(over)

References:

Please list 2 recent references: (References must be a former/current employer or someone other than friend or family).

Name	Address	Telephone Number & Email Address	Years Known	Relationship

Why are you interested in volunteering?

Availability (Please enter available times you can volunteer):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please check off all activities that interest you:

- | | |
|--|---|
| <input type="checkbox"/> Adult Day Care | <input type="checkbox"/> Music, instrumental (other)
(specify) _____ |
| <input type="checkbox"/> Art, crafts | <input type="checkbox"/> Nursing , assistant |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Office, assistant (clerical) |
| <input type="checkbox"/> Computer Tutorial | <input type="checkbox"/> Office, computer |
| <input type="checkbox"/> Dances | <input type="checkbox"/> Pet Therapy |
| <input type="checkbox"/> Escort residents (in house) | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Escort residents (external) | <input type="checkbox"/> Physical therapy/transport |
| <input type="checkbox"/> Dining Assistance | <input type="checkbox"/> Sewing & Tailoring/Alterations |
| <input type="checkbox"/> Friendly Greeter | <input type="checkbox"/> Special Events & Holiday Programs |
| <input type="checkbox"/> Games (specify) _____ | <input type="checkbox"/> Spiritual or Religious Programs Assistant |
| <input type="checkbox"/> Gift Shop & Hospitality cart | <input type="checkbox"/> Tea/coffee/sherry hour |
| <input type="checkbox"/> Translator | <input type="checkbox"/> Visiting |
| <input type="checkbox"/> Facilitating Lectures & discussions | <input type="checkbox"/> Walking Buddy |
| <input type="checkbox"/> Letters (read, write) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Library book cart | |

"I certify that the information in this application is correct to the best of my knowledge. I authorize the investigation of all matters contained in this application and agree that any misleading or false statements shall be cause for rejection of this application and will be cause for immediate dismissal."

Applicant's Signature

Date