



**JEWISH FAMILY &  
CHILDREN'S SERVICE  
OF PITTSBURGH**

# VOLUNTEER APPLICATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

(Cell Phone): \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT:

Name	Relationship	Telephone #
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**WHEN ARE YOU AVAILABLE?  
DAYS & HOURS:**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

## BACKGROUND INFORMATION

VOLUNTEER WORK EXPERIENCE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PAID WORK EXPERIENCE:

\_\_\_\_\_  
\_\_\_\_\_

EDUCATIONAL BACKGROUND:

\_\_\_\_\_  
\_\_\_\_\_

SPECIAL INTERESTS OR HOBBIES:

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REASON FOR SEEKING VOLUNTEER WORK WITH THIS ORGANIZATION:

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SPECIFIC SKILLS OR ACTIVITIES YOU WOULD LIKE TO USE OR DO IN VOLUNTEERING:

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REFERENCES (please list three):

1. \_\_\_\_\_  
Name Relationship Telephone #
2. \_\_\_\_\_  
Name Relationship Telephone #
3. \_\_\_\_\_  
Name Relationship Telephone #

**STATEMENT OF CONFIDENTIALITY**

The Agency ensures that the policy on confidentiality is in compliance with state regulations through an annual review of said regulations.

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I have read and understand the Agency's Statement of Confidentiality, and I have had the opportunity to fully discuss any questions with my supervisor. I agree to abide by the terms of this policy.

SIGNITURE: \_\_\_\_\_

NAME (Please Print): \_\_\_\_\_

DATE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTES: \_\_\_\_\_

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ACT 33/34 CLEARANCE?

YES

NO

APPLIED FOR

