The New Jewish Home

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VOLUNTEER APPLICATION

	First Name _					
Email Address _						
(Busin						
Apt.#	City		State	Zip		
nded		Major	-			
se Circle): High Schoo	l Jr. College College Pos					
art of a special school, com	nmunity or corporate	program?	Yes	No		
	Hours needed:	: C	ompletion date	e required		
Name/Title of Contact Person			Phone: email:			
if applicable)		Occupation				
our volunteer opportunities	5?					
	Read		Write			
question does not necessal	rily disqualify you fro	om voluntee				
		rience:	Duties Performed			
	nily)					
Address	•		Years Known	Relationship		
	Email Address(Busing			(Business) (Cell) Apt.# City State Apt.# City Major Apt.# City Major Apt.# College College Post Grad Apt.# Completion Apt.# City Major Apt.# College College Post Grad Apt.# Completion Apt.# City Major Apt.# Apt.# Apt.# Apt.# City Major Apt.# Apt.# Apt.# Apt.# City Major Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# City Major Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Apt.# Ap		

Availability (1	T		you can volunteer)		1	T	
Morning	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Afternoon							
Evening							
Cooking Compu Escort activitie Escort Dining Friendly Games games Hospita Leading events,	crafts assistant g ter games / as / transport res es or services residents on o assistance y visits for res i.e. chess, che ling / plants ality cart g lectures or d reading short and card writin	ssistance for residents to rehautings idents eckers, cards, iscussion groutes stories, etc) ing for residents	esidents b gym, board ps (current	(specing Needle Nurses and case and cas	fy)ework (knittes station assall bells, etc) assistant (consists "4 Pawstal & occupation progration progration go & tailoring all events & filme" assistation assistation from a station and events & filme" assistation assistation and events & filme" assistation assistation and events & filme" and events & film	lerical support) " program tional therapy / ms assistance al services & pro y / alterations noliday program	etc) ring telephone transport ograms
	•		at The New Jewis The New Jewish Ho				
"I certify that to of all matters c	he informatior ontained in th	n in this applica is application a	ted on this applicate ation is correct to to and agree that any se for immediate d	the best of my k misleading or fa			
Applicant's Sigr	nature		 Date				

Print name

If under 18 years old:

Parent's signature

Date