

The New Jewish Home, Sarah Neuman
 845 Palmer Avenue
 Mamaroneck, NY 10543
 Telephone: (914) 864-5140 Fax: (914) 864-5818
 email: SRNVolunteers@jewishhome.org



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 _____ Hours needed: ____ Completion date required _____

Name/Title of Contact Person _____ Phone: _____ email: _____

Current/Past Employer (if applicable) _____ Occupation _____

How did you hear about our volunteer opportunities? _____

Languages: Speak _____ Read _____ Write _____

Have you ever been convicted of any crime (misdemeanor or felony)? Yes No
 (Answering "Yes" to this question does not necessarily disqualify you from volunteering.)

Prior Work or Volunteer Experience:

Dates (From - To)	Business Name & Address	Duties Performed

References:

Please list 2 recent references. References may include a former / current employer, teacher, guidance counselor or spiritual leader. (Someone other than friend or family)

Name	Address	Telephone Number & Email Address	Years Known	Relationship

Name: _____

Availability (Please enter available hours you can volunteer):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Morning</i>							
<i>Afternoon</i>							
<i>Evening</i>							

Please check off all activities that interest you:

- | | |
|---|--|
| <input type="checkbox"/> Arts & crafts | <input type="checkbox"/> Music: playing an instrument or singing |
| <input type="checkbox"/> Bingo assistant | <input type="checkbox"/> (specify) _____ |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Needlework (knitting, crocheting, etc) |
| <input type="checkbox"/> Computer games / assistance for residents | <input type="checkbox"/> Nurses station assistance (answering telephone and call bells, etc) |
| <input type="checkbox"/> Escort / transport residents to rehab gym, activities or services | <input type="checkbox"/> Office assistant (clerical support) |
| <input type="checkbox"/> Escort residents on outings | <input type="checkbox"/> Pet visits "4 Paws" program |
| <input type="checkbox"/> Dining assistance | <input type="checkbox"/> Physical & occupational therapy / transport |
| <input type="checkbox"/> Friendly visits for residents | <input type="checkbox"/> Recreation programs assistance |
| <input type="checkbox"/> Games i.e. chess, checkers, cards, board games | <input type="checkbox"/> Religious / spiritual services & programs assistance |
| <input type="checkbox"/> Gardening / plants | <input type="checkbox"/> Sewing & tailoring / alterations |
| <input type="checkbox"/> Hospitality cart | <input type="checkbox"/> Special events & holiday programs |
| <input type="checkbox"/> Leading lectures or discussion groups (current events, reading short stories, etc) | <input type="checkbox"/> "Tea Time" assistant |
| <input type="checkbox"/> Letter and card writing for residents | <input type="checkbox"/> Other _____ |

Please tell us more about yourself and your interests: _____

Have you previously volunteered or worked at The New Jewish Home? Yes No When? _____

Name of any relatives living or working at The New Jewish Home, Sarah Neuman or other divisions:

An inquiry will be sent to the references listed on this application.

"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

If under 18 years old:

Parent's signature

Print name

Date