

**VOLUNTEER SERVICES DEPARTMENT**  
 The New Jewish Home, Sarah Neuman  
 845 Palmer Avenue, Mamaroneck, NY 10543  
 T: 914.864.5140  
 F: 914.864.5818  
 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 \_\_\_\_\_

**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

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Name: \_\_\_\_\_

**Availability** (Please enter available hours you can volunteer):

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

Please check off all activities that interest you:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Arts &amp; crafts</li> <li><input type="checkbox"/> Bingo assistant</li> <li><input type="checkbox"/> Cooking</li> <li><input type="checkbox"/> Computer games / assistance for residents</li> <li><input type="checkbox"/> Escort / transport residents to rehab gym, activities or services</li> <li><input type="checkbox"/> Escort residents on outings</li> <li><input type="checkbox"/> Dining assistance</li> <li><input type="checkbox"/> Friendly visits for residents</li> <li><input type="checkbox"/> Games i.e. chess, checkers, cards, board games</li> <li><input type="checkbox"/> Gardening / plants</li> <li><input type="checkbox"/> Hospitality cart</li> <li><input type="checkbox"/> Leading lectures or discussion groups (current events, reading short stories, etc)</li> <li><input type="checkbox"/> Letter and card writing for residents</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Music: playing an instrument or singing (specify) _____</li> <li><input type="checkbox"/> Needlework (knitting, crocheting, etc)</li> <li><input type="checkbox"/> Nurses station assistance (answering telephone and call bells, etc)</li> <li><input type="checkbox"/> Office assistant (clerical support)</li> <li><input type="checkbox"/> Pet visits "4 Paws" program</li> <li><input type="checkbox"/> Physical &amp; occupational therapy / transport</li> <li><input type="checkbox"/> Recreation programs assistance</li> <li><input type="checkbox"/> Religious / spiritual services &amp; programs assistance</li> <li><input type="checkbox"/> Sewing &amp; tailoring / alterations</li> <li><input type="checkbox"/> Special events &amp; holiday programs</li> <li><input type="checkbox"/> "Tea Time" assistant</li> <li><input type="checkbox"/> Other _____</li> </ul> |
|--|---|

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