



In New York, we all belong.

120 West 57th Street Tel: (212) 632-4687
New York, NY 10019 Fax: (212) 632-4795

Volunteer Services Department

Dear Prospective Volunteer,

Thank you for your interest in volunteering with the Jewish Board of Family and Children's Services. Attached you will find an application packet and information about our teen volunteer program. Please make sure you read over the following information carefully; incomplete forms will not be accepted.

All applicants must submit:

- Application, which should include the complete contact information of two references. We recommend that you notify your references in advance that you have submitted their names so they are aware that we will be contacting them
- Teen Statement of Confidentiality and the Parent/Guardian Consent form
- Jewish Board of Family and Children's Services Photography and Information Release Form
- A personal interview may be required for more intensive assignments

Completed paperwork can be sent to the address above or faxed to (212)632-4795. **When we receive all your paperwork, we will contact you to set up an interview, if needed. Your volunteer assignment will not begin until all your paperwork is complete.**

If you have any questions, please contact me at (212)632-4515 or at LKuritsky@jbfc.org. I look forward to hearing from you soon. Thank you for taking the time to care!

Sincerely,

Liza Kuritsky

Liza Kuritsky
Teen Volunteer Coordinator
Division of Volunteer Services

Attachments: Teen Volunteer Application
Teen Statement of Confidentiality
Parental/ Guardian Consent
Photo and Information Release Form



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TEEN VOLUNTEER APPLICATION

Please use black or blue ink and write clearly!

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

How did you hear about us? School _____ UJA _____ Friend _____ Sibling _____ Parent _____ JBFCS Website _____

Internet (please list the specific website): _____ Other: _____

When are you available to volunteer? (check all that apply)

- After School Evenings Weekends

How many hours would you like to volunteer? _____ (circle one) per month per week

What day(s) would you be available? Mon Tues Wed Thurs Fri Sat Sun

SCHOOL: _____

GRADE (circle one): 7 8 9 10 11 12

Are you required to earn community service credit for school? YES NO

If YES, how many hours are needed? _____

Will you need documentation of your volunteer service to JBFCS for your school? YES NO

Name and phone number of your school's Community Service Program Coordinator:

Please list any previous volunteer experience:

What are your special interests, skills, or hobbies?

Why have you chosen JBFCS as your volunteer site?

Do you have an interest in any special populations?



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Please provide the names of two non-family references who can comment on your ability to volunteer and whom we may contact (one must be a teacher, guidance counselor, employer, coach, rabbi, or member of the clergy).

Reference 1

Name: _____ Relationship to you: _____

Address: _____

Phone Number: _____ Email: _____

Reference 2

Name: _____ Relationship to you: _____

Address: _____

Phone Number: _____ Email: _____

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact: _____ Relationship: _____

Phone #: _____ Alternate Phone #: _____

Secondary Emergency Contact: _____ Relationship: _____

Phone #: _____ Alternate Phone #: _____

Please list any allergies, medical issues or physical limitations we should be aware of:

Volunteer Guidelines:

- You are expressly precluded from smoking and possessing or using any controlled substance during your volunteer work. If you have a medical requirement for medication of any kind, staff must be notified in advance.
- There will be no exchanges of gifts unless approved in advance by JBFCS staff. Gifts include, but are not limited to, cash, toys, clothing, books, and phone calls (e.g. use of your cell phone).
- Cell phones should be turned off and not used while you are volunteering.
- There shall be no exchange of personal contact information between volunteers and clients. Contact information shall include, but is not limited to, address, telephone, cell phone, and email address.
- The use of cameras and other recording devices, including cell phones, is expressly prohibited.
- Appropriate clothing must be worn.
- It is the policy of the agency that no person will possess any firearm or weapon while in any building, facility, on the grounds of, or in any program operated by JBFCS. For the purpose of this policy, "weapons" include, but are not limited to, box cutters, razors, metal nail files, knives (including pocketknives), mace, and pepper spray.
- If you are unable to attend or fulfill your volunteer commitment for any reason, it is your responsibility to inform the staff person in charge as far in advance of your assigned time as possible.
- Please be advised that additional rules may be set by the individual program where you are volunteering to which you must adhere; you should be apprised of any such rules in advance.

By signing below, you indicate that you accept and agree to abide by these guidelines while volunteering with JBFCS.



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Applicant's Signature: _____ Date: _____

TEEN STATEMENT OF CONFIDENTIALITY

I understand that in assuming my responsibilities as a volunteer for the Jewish Board of Family and Children's Services, Inc., I may have access to personal information about some of the agency's clients and I agree to keep this information confidential. Personal information includes, but is not limited to, the client's name, picture, description, history, and background. This means that in discussions about my volunteer experience, I will not share this information with anyone other than JBFCS staff. I understand that if I have any questions about this policy, I can call Lisa Marcus, Teen Volunteer Coordinator, at (212) 632-4616, or my supervisor on site.

 Signature of Volunteer Date _____

 Name of Volunteer (please print)

PARENT/GUARDIAN CONSENT

I, _____, hereby give consent for
 (Please circle relationship: mother, father, grandparent, other*)
 my child, _____, to volunteer for the Jewish Board
 (Please print name of child)
 of Family and Children's Services, Inc., the details of which will be sent in a separate letter. I understand that JBFCS is not providing transportation to and from this program. I have read and reviewed with my child the application and volunteer guidelines. Additionally, I understand that my child must read and sign a Statement of Confidentiality.

 Parent/Guardian Signature Date _____

 Parent/Guardian Name (please print clearly)

*If your relationship is "other", please specify: _____



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**JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES
 PHOTOGRAPHY and INFORMATION RELEASE FORM**

I, _____, voluntarily give permission to the
 (Please circle relationship: mother, father, grandparent, other*)
 Jewish Board of Family and Children's Services, Inc. (JBFCs) and representatives of the press
 to use interviews with and/or information about my child and photographs of my child,
 _____, for informational, fundraising and/or advertising purposes
 (Please print name of child)
 to describe the work of the agency without compensation. Examples of such informational
 materials would include, but not be limited to, television, newspaper or magazine articles,
 electronic media, video, or brochures.

In giving this consent, I hereby release the Jewish Board of Family and Children's Services,
 Inc., its Directors, employees, agents and volunteers from liability for any violation of any
 personal or proprietary right I may have in connection with the above use of the photographs.

Release for adults (over 18 years old)

Print Name _____
 Signature _____ Witness _____
 Signer's Address _____

Release for persons under the age of 18

Print Name of Child _____
 Print Name of Parent / Guardian _____
 Signature of Parent / Guardian _____ Date _____

-----*For JBFCs use only*-----
 Program Name _____ Program Location _____
 Program Telephone # _____ Date _____