



**Jewish Family Service of the Desert**  
 490 S. Farrell Drive, Suite C-208  
 Palm Springs, CA 92262  
 TEL: 760-325-4088 X101 FAX: 760-778-3781

**VOLUNTEER APPLICATION**

All information in this document is confidential. Please return completed application to Kraig Johnson at the address above.  
 Please Print

Name/Last: \_\_\_\_\_ First: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City/State: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

M/F/T Date of Birth: \_\_\_\_\_ Physical Limitations \_\_\_\_\_  
 (Circle One) Mo/day/year (Be specific; if none, write none)

**VOLUNTEER EXPERIENCE**

Interests, Skills, Hobbies \_\_\_\_\_

- Let's Do Lunch! Host       Let's Do Lunch! Driver       JFS Express Driver       Café Europa Driver
- Special Events       Friendly Visitor       Office Assistant       JFS Call Tree

Clubs, Organizations you belong to: \_\_\_\_\_

Education/Vocation: (highest level) \_\_\_\_\_

Have you ever volunteered before?    Yes     No     Position \_\_\_\_\_

Describe the work: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY**

1) Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Best Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Best Phone \_\_\_\_\_

I WILL immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked or expired.

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Date of Expiration \_\_\_\_\_

Volunteers may participate in JFS social programming and be subject to event photography. I grant and authorize JFS the right to take, edit, copy, exhibit, publish, distribute and make use of any and all pictures or videos taken of me to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer service being denied. I hereby release all parties from any liability for furnishing this information.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

References: Personal

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Professional

1) Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_