



Jewish Family Service of the Desert
 490 S. Farrell Drive, Suite C-208
 Palm Springs, CA 92262
 TEL: 760-325-4088 X103 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: _____ Email: _____

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! Lead JFS Express Driver Café Europa Driver
- Special Events Friendly Visitor Office Assistant JFS Call Tree Lobby Attendant

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: _____

Please submit application to Julie Hirsh, Manager of Community Outreach:

jhirsh@jfsdesert.org or via fax 760-778-3781