

# VOLUNTEER APPLICATION



*All volunteers must submit this application, complete an interview/orientation, and participate in a training program before being assigned to a volunteer position at Jerusalem House.*

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

HOME PHONE: ( ) \_\_\_\_\_ WORK PHONE: ( ) \_\_\_\_\_  
May we call you at work? yes no

ARE YOU 18 YEARS OR OLDER? yes no EMAIL ADDRESS: \_\_\_\_\_

ARE YOU RETIRED? yes no (OPTIONAL) SEX:  Male  Female BIRTHDATE: / /

CURRENT EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

EDUCATION COMPLETED:  High School  College  Graduate School

SPECIAL SKILLS, TRAINING, HOBBIES: \_\_\_\_\_

LANGUAGES:  Spanish  French  Sign for Hearing Impaired  Other: \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_
















OTHER ORGANIZATIONS OR COMMUNITY ACTIVITIES: \_\_\_\_\_

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM AND WHY ARE YOU INTERESTED IN BECOMING A JERUSALEM HOUSE VOLUNTEER?

WHAT ARE YOUR EXPECTATIONS REGARDING YOUR VOLUNTEER EXPERIENCE?

- PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS:
1. Are you presently under a physician's care for any medical problem or condition? yes no
  2. Do you have any physical limitations or disabilities? yes no
  3. Are you now or have you ever been addicted to any narcotics, drugs or alcohol? yes no
  4. Have you ever been treated for a psychiatric mental health problem? yes no
  5. Have you ever been treated for any other serious disease or medical problem not indicated above? yes no
  6. Have you been exposed to anyone in the past month with a communicable disease, such as measles, tuberculosis, pneumonia, etc.? yes no
  7. Have you have a TB skin test in the past year? yes no

**PLEASE MARK THREE OF THE CATEGORIES BELOW AS YOUR 1st, 2nd, AND 3rd CHOICES FOR VOLUNTEER SERVICE:**

-  Activities Coordinator: Schedules and leads on and off-site recreational activities for residents.
-  Camp Fire Leader: Assists with meetings, field trips, and activities.
-  Childcare Provider: Supervises and cares for young children during meetings and other scheduled events.
-  Clothes Closet Coordinator: Sorts and organizes clothing and household goods donations.
-  Gardener: Helps plant and maintain flower, vegetable, and herb gardens.
-  General: Assist at a designated facility at a regularly scheduled time to help out as needed.
-  Girl Scout Troop Assistant: Assists with troop meetings, field trips, and activities.
-  Hospitality Volunteer: Welcomes new residents, visits residents in the hospital, and provides resident support.
-  House Assistant: Conducts receptionist duties like answering phones, assisting with mailings, greeting visitors.
-  Maintenance: Maintains the physical appearance of the residential facility and grounds.
-  Partner: Forges a mutually rewarding one-on-one friendship with a resident.
-  Resource Assistant: Works closely with one to two residents to help identify and achieve service plan goals.
-  Tutor: Provides educational support to residents.
-  Transportation: Provides transportation to residents for daily trips and occasional field trips.
-  Children's Mentoring Program: Create and nurture a friendship with a Jerusalem House child.

**PLEASE CHECK THE DAY(S) AND TIME(S) YOU WOULD BE AVAILABLE TO VOLUNTEER.  
(please only enter the time you can commit to)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							
Need flexible schedule							

**PLEASE GIVE TWO PERSONAL REFERENCES (NO RELATIVES) WITH ADDRESSES AND PHONE NUMBERS:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**PLEASE PROVIDE AN EMERGENCY CONTACT NAME, PHONE NUMBER AND EMAIL:**

I hereby certify that all information in this application is true and correct to the best of my knowledge. I understand that any falsification or significant omission of any information requested herein will be sufficient cause for discharge without prior warning at any time during my volunteer service at Jerusalem House. Further, I release Jerusalem House from any liability based upon information given to them by references named above. If accepted as a Jerusalem House volunteer, I am willing to follow rules and regulations established by the Board of Directors, including signing confidentiality and sexual policy agreements.

\_\_\_\_\_

**Applicant's Signature**

\_\_\_\_\_

**Date**



## CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_, understand in the course of my visit to Jerusalem House that I may learn certain facts about the residents or volunteers that are of a highly personal and confidential nature. Examples of such information are: medical conditions, treatments, finances, living arrangements, employment, sexual orientation, relations with family members and even the fact that an individual is associated with Jerusalem House.

I understand that all such information must be treated as completely confidential. I agree not to disclose any information of a personal and confidential nature to any person who is not associated with Jerusalem House AND authorized by Jerusalem House to have such information, without the specific consent of the individual(s) to whom such information pertains. *Violation of confidence may result in revocation of visiting and volunteering privileges at Jerusalem House and could lead to legal action.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**JH Representative**



## BACKGROUND INVESTIGATION CONSENT

I, \_\_\_\_\_, hereby authorize Jerusalem House, Inc. and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application.

I release Jerusalem House, Inc. and/or its agents and any person or entity that provides information pursuant to this authorization from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

---

Full Name (Please Print)

---

Maiden Name or Other Names Used

---

Current Address

How Long?

---

City/State

Zip

---

Former Address

How Long?

---

City/State

Zip

---

\*Race

---

\*Sex

---

\*Date of Birth

---

Social Security Number

---

Driver's License Number

---

State of License

---

Signature

---

Date

*\*NOTE: The above information is required for identification purposes only, and is in no manner used as qualification for a volunteer position. Jerusalem House does not discriminate on the basis of sex, race, religion, age, handicap, national origin, or sexual orientation.*



## **SEXUAL CONDUCT POLICY**

In order to continue to provide the best possible service for Jerusalem House residents as well as to maintain our positive image in the community, it is policy that no Jerusalem House volunteer will engage in a sexual relationship with a Jerusalem House resident.

A resident is considered to be any person who currently has been admitted to Jerusalem House's program and resides in a Jerusalem House facility.

The only exception to the above is when a sexual relationship exists between a Jerusalem House volunteer and resident prior to either person becoming involved with Jerusalem House. In no instance should the resident be assigned to the resident with whom he or she is involved. Any Jerusalem House volunteer who does engage in a sexual relationship with a resident will be asked to resign.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**JH Representative**