



Volunteer Application

Goodman Jewish Family Services of Broward
100 S. Pine Island Rd. Suite #230
Plantation, Florida 33324

Phone 954-370-2140 Fax 954-916-1252 www.jfsbroward.org

PLEASE PRINT:

Today's Date _____

First Name _____ Last Name _____ Middle Initial _____

Current Street Address _____

City, State, Zip Code _____

Home Telephone _____ Cell Telephone _____

E-mail Address _____ Date of Birth _____

Emergency Contact _____ Phone _____

How did you hear about Goodman JFS Volunteer Services?

Employment History: What is/was your profession? _____

Are you currently employed? ____ If yes, for whom? _____

Do you hold any special license(s)/degrees(s) that may be relevant to a specific program? If so,
please list below:

Do you fluently speak any languages other than English? If yes, which one(s)

Volunteer Experience: (List most recent service positions, if any)

Position: _____ Agency: _____ Dates: _____

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Volunteer Placement Preferences:

- The Cupboard – work in our food pantry sorting and bagging, making deliveries, administration**
- JET Express – drive older adults, in your own car, to activities to keep them independent.**
- Holocaust Survivor Friendly Visitor – Visit a Holocaust survivor client at least 2x a month**
- Holocaust Survivor Friendly Caller – Weekly calls to Holocaust Survivor client**
- Holocaust Survivor Food Card Delivery – Monthly delivery of grocery gift cards**
- Older Adult Friendly Visitor – Visit an older adult client at least 2x a month**
- Older Adult Friendly Caller – Weekly calls to an older adult**
- Older Adult Food Card Delivery – Monthly delivery of grocery gift cards**
- Administrative Assistance – Volunteer in the GJFS office**
- GJFS Events – Help in planning, fundraising, setting up events focused for Holocaust Survivors and other agency programs.**

If volunteering for our Gift Card Delivery and/or Friendly Visitor program(s), to what cities in Broward County are you willing to drive?

Availability to Volunteer (please write availability during 9am to 6pm, mornings or afternoons, etc.)

Days/Times _____

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged. Yes ____ No ____

If yes, please explain: (Make sure to include the city/county/state and the year the crime occurred for each conviction.) _____

****Please note that for ALL volunteer positions, a criminal background check, FBI Level 2 will be conducted to ascertain if any criminal records exist which might hinder your ability to serve as a volunteer. This will be conducted by our current background screening company called Verified Volunteers, of which you will receive an email with the link for you to complete the on line background screening. Depending on the volunteer service, a Department of Motor Vehicle check as well as drug screening will be necessary. All screening expenses will be paid by GJFS of Broward.**

AGENCY/VOLUNTEER AGREEMENT

GJFS of Broward’s most valuable asset is its people – employees, volunteers, consultants, and members of our Board of Directors and those who participate in Board committees. The contributions made by all of our volunteers are an essential extension of our workforce. GJFS of Broward is committed to ensuring the volunteers are supported, valued and respected and has procedures in place to promote high standards and excellent customer service to our volunteers.

I, _____, agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures, including record-keeping requirements and confidentiality of agency and client information.
3. To meet time commitments, or to provide adequate notice so that alternative arrangements can be made.
4. To attend all volunteer program training meetings as required by the agency.
5. To report any client concerns to the Program Directors.

AGREED TO

Volunteer

Date

OATH OF CONFIDENTIALITY

The relationship between Goodman Jewish Family Services (GJFS), clients, donors, staff and volunteers has a built in component of confidentiality. GJFS has a commitment to protecting that confidentiality. All volunteers are expected to observe the principle of confidentiality in obtaining and releasing information about clients. Information about a client that is made known to a volunteer is to be used only for the purpose of giving service.

By signing below I understand and agree to the following:

- I acknowledge that I have received, read and understand GJFS of Broward’s Privacy Policies and practices and agree to comply with these policies and practices.
- All confidential and/or personal health information that I have access to or learn through my affiliation with GJFS of Broward is confidential.
- Under no circumstances, except when required by law, may confidential and /or personal health information be communicated whether within or outside of GJFS of Broward except to other persons who are authorized by GJFS of Broward to receive such information.
- I agree to keep any computer access codes, passwords, confidential and secure.
- I will not lend my access codes or devices to anyone.

I understand that a breach of this oath of confidentiality may result in termination of my volunteer service at GJFS.

AGREED TO:

Volunteer

Date