

The Associated & Its Agencies Volunteer Application

Date of Application _____ Agency/Program _____

Last Name _____ First _____ Nickname _____

Address

Street _____ Apt/Unit _____

City _____ State _____ Zip _____

Email Address _____

Phone

Preferred Number _____ Cell Home Work

Alternate Number _____ Cell Home Work

Several volunteer positions have a minimum age requirement.

- | | |
|---|--|
| <input type="checkbox"/> I am 14 years of age or older. | <input type="checkbox"/> I am interested in volunteering with my family. |
| <input type="checkbox"/> I am 16 years of age or older. | <input type="radio"/> My family includes children under the age of 5. |
| <input type="checkbox"/> I am 18 years of age or older. | <input type="radio"/> My family includes children under the age of 12. |
| <input type="checkbox"/> I am 21 years of age or older. | <input type="radio"/> My family includes children under the age of 18. |

Education

Check last year of school completed:

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Currently Enrolled _____ |
| <input type="checkbox"/> Some college | <input type="checkbox"/> Post-graduate Degree _____ |

Work Experience

Employment status

- Employed Not currently working Student

Current Employer _____ Job Title _____

Time Available

Please complete this section to allow us to best match you with volunteer opportunities that fit your schedule. Indicating your availability in no way obligates you to volunteer at the times listed. (check all that apply)

- Weekdays
 Mornings
 Afternoons
 Evenings
- Weekends
 Mornings
 Afternoons
 Evenings
- I am interested in volunteering on an as-needed basis.

Please share any preferences or limitations to your availability. _____

Location Preference

- Baltimore City/Downtown Baltimore
 Owings Mills/Reisterstown
 Pikesville/Upper Park Heights
- Other _____
 No preference

Do you need community service hours to fulfill a mandatory commitment? _____

If yes, please explain circumstances and requirements.

Referral Source

- Associated or Agency _____
(name of agency/staff)
- Word of mouth _____
(who referred you)
- Jewish Volunteer Connection
- Print Ad, Article or Flyer _____
(location/source)
- School or Synagogue _____
(name of organization)
- Online Ad, Post, or Article _____
(location/source)
- Volunteer Fair

Agreements

In submitting this application, I understand that:

- I am in no way obligated to perform any volunteer service and The Associated: Jewish Community Federation of Baltimore, Inc., its affiliates, agencies, programs, related entities, officers, employees, and agents (hereinafter collectively referred to as "The Associated") are not obligated to accept me as a volunteer.
- I am affirming that all information provided on this application is true and correct, and that I have not knowingly withheld any fact or circumstance which might affect my application unfavorably.
- I may be asked to provide additional information prior to being offered any volunteer assignment.

Signature: _____ Date: _____