



Volunteer Network Application
The Kimmel-Spiller Healing Center
of Jewish Family Services

Name (First, Middle Initial, Last): _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Social Security #: _____

Affiliations (religious): _____

(professional): _____

(social, & other): _____

Special Skills & Interests: _____

Languages: English Russian Hebrew Yiddish Spanish Other

Highest Level of Education: _____ Degree earned: _____

School: _____ Date Completed: _____

Tutoring Experience (grade level – subject): _____

Work Experience (paid or volunteer): _____

References / non-related (Name, Address and Phone):

1. _____

2. _____

3. _____

Emergency Notification (Name, Relationship, Phone #): _____

How did you hear about our program? _____

1. I am interested in (check as many as you like):
- visiting people who are frail/generally home-bound
 - delivering meals
 - making gift/mitzvah baskets (decorating/delivering)
 - assisting with office/clerical duties
 - mentor a child (social support, tutoring, homework help)
 - help new émigré with English and adjusting to American life
 - fundraising
 - other _____

Frequency: _____

twice a week once a week every 2 weeks once a month

Days Available: _____

Hours Available: _____

In addition, I am willing to make a friendly phone call:

twice a week once a week every 2 weeks once a month

_____ specific days _____ other

2. I am willing and able to (check any that apply):
- prepare and deliver a meal (how often? _____)
 - Kosher non-kosher vegetarian _____ other
 - food shop (how often? _____)
 - run an errand (how often? _____)
 - help with organizing mail, bills, etc. (how often? _____)
 - bring a book, cassette or video from the library (how often? _____)

I have been convicted of a criminal offense within the last seven years. (Conviction will not necessarily disqualify an applicant for service)

Yes No If yes, please make a brief statement about this (on a separate page).

PLEASE READ AND SIGN:

I am applying for a volunteer placement with the Volunteer Network affiliated with The Kimmel-Spiller Healing Center of the Jewish Family Services. Permission is hereby given to the VN to contact the references named on this application as part of the program's screening process.

Signature & Date: _____

Please sign & date this document attesting that all information you have provided is accurate.

Please return completed form to: Marcy Resnick • Volunteer Network • c/o Jewish Family Services
99 Passmore Road • Wilmington, Delaware 19803