

**Jewish Family Services of Greater Orlando  
Volunteer Application**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Date of Birth \_\_\_\_\_

Areas of Interest – indicate your choice(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Helping Older Adults-accompaniment/transportation to shopping, errands and appointments |   |
| <input type="checkbox"/> Helping Older Adults-friendly visiting  | <input type="checkbox"/> Kinneret Angels            |
| <input type="checkbox"/> Jewish Hospice  | <input type="checkbox"/> Office Assistance-clerical |
| <input type="checkbox"/> Holiday Meal Delivery   | <input type="checkbox"/> Office Assistance-pantry   |
| <input type="checkbox"/> Lead Worship/Holiday Services   | <input type="checkbox"/> Staff Assistance-events    |
| <input type="checkbox"/> B'nai Mitzvah Project   | <input type="checkbox"/> Other                      |

Special Skills or Hobbies \_\_\_\_\_  
What languages do you speak? \_\_\_\_\_  
Religious Affiliation \_\_\_\_\_  
Do you drive a car? \_\_\_\_\_ Are you willing to use it? \_\_\_\_\_  
Driver's License Number \_\_\_\_\_  
Insurance Co./Policy # \_\_\_\_\_ Phone \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_

**References**

Professional

Contact Name \_\_\_\_\_ Business Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Personal

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Where and when \_\_\_\_\_

I give my consent to JFS to contact my references, my insurance company, my employers, past and present, and conduct a routine background check.

\_\_\_\_\_  
Signature Date



# Jewish Family Services of Greater Orlando Volunteer Agreement- Confidentiality

## WHAT IS THE PRINCIPLE OF CONFIDENTIALITY?

The relationship between Jewish Family Services and each person it serves is confidential. Protecting that relationship is an essential part of the agency's obligations to its clients. All JFS volunteers are expected to observe the principle of confidentiality in obtaining and releasing information about clients. Information about clients is made known to volunteers as representatives of the agency and is to be used only for the purpose of giving service.

Addresses and telephone numbers of clients, their families, and staff are considered confidential. An address or a telephone number should not be released to another individual or agency without the consent of the person concerned. If you need clarification about what information may or may not be released, consult your supervisor.

In order for **Volunteer Services** to be effective, all volunteers must maintain strict confidentiality with respect to ALL information including names, addresses, and phone numbers of care receivers and their families. The following guidelines are important.

1. As a volunteer, you are **not expected** to make decisions regarding situations you may encounter, but you **are expected** to report any problems or concerns you may have to the Coordinator of Volunteer Services.
  2. Anything that clearly goes beyond the conversation of a person needing a friend may need professional involvement.
  3. Do not reveal any information about a family you visit outside Jewish Family Services' facility.
- I, \_\_\_\_\_, agree to regard all information received in the performance of my volunteer work in this program as confidential.
  - I understand that this program respects the rights of clients and care receivers with regard to privacy of information, and I agree to respect these rights in the performance of my volunteer duties and keep "professional" confidentiality in all my statements outside of Jewish Family Services' facility.
  - I understand that confidentiality is not defined as withholding information from the Coordinator of Volunteer Services or a Jewish Family Services Counselor.
  - I agree to respect Jewish Family Services' client's rights to privacy as well as those of their family and the agency, whenever I make community presentations or participate in volunteer programs. The content of any such presentations must be approved in advance by the Coordinator of Volunteer Services, Program Director or Executive Director.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator of Volunteer Services \_\_\_\_\_ Date \_\_\_\_\_



# Jewish Family Services of Greater Orlando Guidelines for Volunteers

## Volunteer Responsibility

1. Attend orientation for new JFS volunteers and staff.
2. Attend in-service trainings as offered.
3. Understanding the time requirement of the volunteer job accepted.
4. Commitment to the necessary time required including prompt arrival and service for the specified amount of time.
5. Notification to the Coordinator of Volunteer Services of any absence or change in plan.
6. Be considerate and work as a team player with agency staff and other volunteers.
7. Decline work you do not find acceptable.
8. Asking questions regarding procedures that may not be fully understood.
9. Tell your supervisor about any problems and offer suggestions if you have them.
10. Use reasonable judgment to make a decision if you are not sure of JFS policy. Then, as soon as possible, consult your supervisor for guidance.
11. Avoid attempts to persuade clients to accept your personal standards; put aside personal viewpoints when performing your volunteer responsibilities.
12. Understanding and maintaining the principle of confidentiality.
13. Acceptance of Jewish Family Services' right to dismiss or reassign a volunteer.
14. Prompt notification to the Coordinator of Volunteer Services if resignation becomes necessary.
15. **Report hours spent serving care receiver to the Coordinator of Volunteer Services MONTHLY BEFORE THE FIRST OF THE NEXT MONTH.**  
This may be done by phone, e-mail, fax, or mail.
16. Follow "JFS Guidelines for Volunteers"

## Volunteer Agreement

1. Attend required orientation/teaching sessions.
2. Set up an initial meeting with the care receiver to clarify your role and understand the care receiver's needs.
3. Be a link between the care receiver and Jewish Family Services.
4. Keep the Coordinator of Volunteer Services informed of any changes in the care receiver's situation.
5. Inform the Coordinator of Volunteer Services if referrals to other programs or organizations in our community are needed or have been made.
6. Maintain contact with the care receiver on a regular basis for the duration of your commitment.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_



## VOLUNTEER CODE OF ETHICS

As a Jewish Family Services Volunteer, I realize that I am subject to a code of ethics similar to that which binds the professionals with whom I work. I, like them, expect to be held accountable for my actions. **I will keep confidential any information entrusted to me by Jewish Family Services as well as by my clients.**

As a Volunteer:

- I agree to work without pay, but with the same high standards as paid staff.
- I will approach my work with an attitude of open-mindedness, and will remain non-judgmental.
- I am willing to receive training for my responsibilities and follow directions and guidelines as established by the agency.
- I understand that I represent JFS when I volunteer and will maintain a professional appearance.
- I agree to act in the best interests of Jewish Family Services and its clients without any intention of obtaining direct or indirect financial benefit. *It is considered a conflict of interest for a volunteer to solicit business from clients with whom they work.*
- I agree to accept this code of ethics when functioning as a Jewish Family Services Volunteer and to perform my duties to the best of my ability, carefully and cheerfully.

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Signature

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Date





**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby grant and authorize permission to Jewish Family Services, 2100 Lee Road, Winter Park, Florida, and/or to its authorized agent and/or representatives, to release my full name and photograph of myself or video image to Jewish Family Services for publication purposes in the public press, media, the agency newsletters and publications and in all general public relations materials.

\_\_\_\_\_  
Signature (participant, parent, guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (JFS staff member)

\_\_\_\_\_  
Date

