

Jewish Family Services of Greater Orlando (JFS Orlando) Volunteer Application

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Office Phone _____ Cell Phone _____

E-mail _____ Date of Birth ____/____/____ Under 18?*

** Volunteers under the age of 18 must have parent/guardian signatures and provide their contact information*

Parent/Guardian Contact Information (provide if volunteer is under the age of 18)

Last Name _____ First Name _____

Address _____ City _____ Zip _____

Home Phone _____ Office Phone _____ Cell Phone _____

E-mail _____

Students – please fill out if you need documentation of your hours*

Name of School/Club/Organization _____

Are you applying for a scholarship? If yes, which one? _____

Number of hours needed for credit _____ Date of expected completion: ____/____/____

** Students are required to provide the Volunteer Coordinator with appropriate forms to fill out and sign. Letters of recommendation are available upon request.*

Areas of Interest – indicate your choice(s):

<input type="checkbox"/> Babysitting	<input type="checkbox"/> Office Assistance-clerical
<input type="checkbox"/> Committee Projects	<input type="checkbox"/> RAISE (__ Coach __ Employee)
<input type="checkbox"/> Holiday Meal Delivery	<input type="checkbox"/> Staff Assistance-event
<input type="checkbox"/> Pearlman Pantry	<input type="checkbox"/> Other: _____

How did you hear about JFS Orlando? _____

Special Skills or Hobbies _____

Religious Affiliation (optional) _____

What is your availability/preferred schedule? _____



Do you drive a car? _____ Are you willing to use it? * _____

** If answer is yes, please fill in the following automobile information*

Driver's License Number _____

Insurance Co./Policy # _____ Phone _____

Previous Volunteer Experience _____

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

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

Signature of volunteer or guardian

Date

Office use only

Date submitted to DC: _____ *By:* _____

Date VV invitation sent: _____ *By:* _____

Background Check Result: _____ *By:* _____ *Date:* _____

Follow-up contact date: _____ *By:* _____ *Method:* _____

Entered in database date: _____ *By:* _____



Jewish Family Services of Greater Orlando Volunteer Agreement- Confidentiality

WHAT IS THE PRINCIPLE OF CONFIDENTIALITY?

The relationship between Jewish Family Services of Greater Orlando (JFS Orlando) and each person it serves is confidential. Protecting that relationship is an essential part of the agency's obligations to its clients. All JFS Orlando 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 Volunteer Coordinator.
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 JFS Orlando's 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 JFS Orlando's facility.
- I understand that confidentiality is not defined as withholding information from the Volunteer Coordinator or a JFS Orlando Counselor.
- I agree to respect JFS Orlando 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 Volunteer Coordinator, Program Director or Executive Director.

Volunteer/Guardian* _____ Date _____

*If volunteer is under the age of 18, a parent/guardian must provide signature

Volunteer Coordinator _____ Date _____



Jewish Family Services of Greater Orlando Guidelines for Volunteers

Volunteer Responsibility

1. Attend orientation for new JFS Orlando volunteers.
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 Volunteer Coordinator of any absence or change in plans.
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 Orlando 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 JFS Orlando's right to dismiss or reassign a volunteer.
14. Prompt notification to the Volunteer Coordinator if resignation becomes necessary.
15. Follow "JFS Orlando Volunteer Manual" guidelines

Volunteer/Guardian*)

*If volunteer is under the age of 18, a parent/guardian must sign

Date

Volunteer Coordinator

Date



VOLUNTEER CODE OF ETHICS

As a JFS Orlando 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 JFS Orlando 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 Orlando when I volunteer and will maintain a professional appearance.
- I agree to act in the best interests of JFS Orlando 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 JFS Orlando Volunteer and to perform my duties to the best of my ability, carefully and cheerfully.

Volunteer/Guardian*

*If volunteer is under the age of 18, a parent/guardian must provide signature

Date

Volunteer Coordinator

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (name of volunteer or guardian), hereby grant and authorize permission to Jewish Family Services of Greater Orlando (JFS Orlando), 2100 Lee Road, Winter Park, Florida, and/or to its authorized agent and/or representatives, to release _____'s (name of volunteer) full name, pictures or video images to JFS Orlando for publication purposes in the public press, media, the agency newsletters and publications and in all general public relations materials.

Volunteer/Guardian*

*If volunteer is under the age of 18, a parent/guardian must sign

Date

Volunteer Coordinator

Date



CONFIDENTIAL
JFS ORLANDO BACKGROUND CHECK AUTHORIZATION

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **JFS Orlando** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **JFS Orlando** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release **JFS Orlando**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____

