



jewish family services | wny

Volunteer/Intern Application

Thank you for your interest in volunteering/interning at Jewish Family Service of Western New York!
Please complete the application form below and return:

MAIL: Jewish Family Services of WNY, 70 Barker Street, Buffalo, NY 14209

EMAIL: sjohnston@jfswny.org

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ E-mail Address: _____

Availability	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

Are you available on weekends? Yes No

How many months do you plan on volunteering with us? _____

How did you hear about JFS volunteering? _____

Language Proficiency

Please rate your level of English: Novice Intermediate Fluent

What is your primary language? _____

Do you speak another language(s)? Yes No

If yes, please list: _____



Education Information

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Credentials & Certifications

Please list any credentials or certifications you possess. If none, please leave this section blank:

- 1)
- 2)
- 3)

Unique Skills & Abilities

Please list any unique skills and abilities you possess that you think we should know about:

Which JFS Programs interest you most? (Please check)

- | | |
|--|---|
| <input type="checkbox"/> Refugee Services | <input type="checkbox"/> Mental Health Clinic |
| <input type="checkbox"/> Parenting Groups | <input type="checkbox"/> Health Home Care Coordination |
| <input type="checkbox"/> Jewish Community Care | <input type="checkbox"/> Fundraising, Marketing and Development |
| <input type="checkbox"/> Center for Survivors of Torture | <input type="checkbox"/> Administrative Support |
| <input type="checkbox"/> Employment & Career Services | |



Previous Volunteer/Intern Work

Company: _____ Phone: _____

Address: _____
Street Address Apartment/Unit # City State Zip Code

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes No

Employment Information

If you are attaching a resume to this application, please leave this section blank.

Employer (if applicable): _____ Phone: _____

Address: _____
Street Address Apartment/Unit # City State Zip Code

Job Title: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

Transportation

If you do not drive and/or plan on driving for JFS related business please leave this section blank

Are you willing to drive/use your vehicle for JFS related activities and business? Yes No

Do you have a reliable vehicle and valid NYS Driver's License and car insurance? Yes No

References

If references are listed on your resume, please leave this section blank.

Reference #1

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____
Street Address Apartment/Unit # City State Zip Code



Reference #2

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____
Street Address Apartment/Unit # City State Zip Code

Disclaimers and Signatures

I certify that the above information is true and complete to the best of my knowledge. I understand that the information I have given is subject to verification. I understand that false or misleading information in my application or interview may result in my release. Lastly, I give permission to JFS to contact my references and current or past supervisors if they so please.

Signature: _____ Date: _____

I understand that if I am applying for a long-term (3+ months) volunteer or internship opportunity which includes direct client contact, then I am responsible for covering the \$17.50 fee associated with backgroundchecks.com. I understand that if I am applying for a volunteer/internship opportunity within the Parenting Group Program, then I am responsible for covering the \$25.00 fee associated with the Office of Child & Family Services' Statewide Central Register Database Check.

Signature: _____ Date: _____