

VOLUNTEER APPLICATION



All volunteers must submit this application, complete an orientation session, and pass a criminal background check before being assigned to a volunteer position at Jerusalem House.

NAME: _____ **DATE:** _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **COUNTY:** _____

HOME PHONE: () **WORK PHONE:** ()
May we call you at work? yes no

ARE YOU 18 YEARS OR OLDER? yes no **EMAIL ADDRESS:** _____

ARE YOU RETIRED? yes no **GENDER:** Male Female
BIRTHDATE: / /

CURRENT EMPLOYER: _____ **ADDRESS:** _____

EDUCATION COMPLETED: High School College Graduate School

SPECIAL SKILLS, TRAINING, HOBBIES:

LANGUAGES: Spanish French Sign for Hearing Impaired Other:

ARE YOU SEEKING COURT ORDERED COMMUNITY SERVICE HOURS? Yes No

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM AND WHY ARE YOU INTERESTED IN BECOMING A JERUSALEM HOUSE VOLUNTEER?

PLEASE CHECK THE VOLUNTEER ROLE (S) YOU ARE MOST INTERESTED IN BELOW:

- Tutor:** Provides educational support and encouragement to residents of all ages.
- Recreation/Playground Coordinator:** Engage youth in positive social interaction through games and fun activities.
- Clothes Closet Coordinator:** Sorts and organizes donated clothing and household goods.
- Gardening/Landscaping:** Assists with weeding, raking, planting, mowing, and maintaining residential grounds.
- Maintenance:** Assists with minor carpentry, painting, and small home repairs for residential facilities.
- Resource Assistant:** Works closely with one to two residents to help identify and achieve service plan goals.
- Social Activities Coordinator:** Plan/host social activities for residents on or off site such as bowling, concerts, etc.
- Special Event Representative/Participant:** Represents Jerusalem House as a volunteer at a variety of off-site events.
- Speaker's Bureau Member:** Represents Jerusalem House as a speaker/advocate for agency initiatives.

PLEASE CHECK THE DAY(S) AND TIME(S) YOU WOULD BE AVAILABLE TO VOLUNTEER.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

PLEASE LIST TWO PERSONAL REFERENCES (NO RELATIVES) WITH ADDRESSES AND PHONE NUMBERS:

1. _____

2. _____

PLEASE PROVIDE AN EMERGENCY CONTACT NAME AND PHONE NUMBER:

I hereby certify that all information in this application is true and correct to the best of my knowledge. I understand that any falsification or significant omission of any information requested herein will be sufficient cause for discharge without prior warning at any time during my volunteer service at Jerusalem House. Further, I release Jerusalem House from any liability based upon information given to them by references named above. If accepted as a Jerusalem House volunteer, I am willing to follow rules and regulations established by the Board of Directors, including signing confidentiality and sexual policy agreements.

Applicant's Signature

Date

Complete all pages and mail your application to: Manager of Volunteer Services, Jerusalem House, 17 Executive Park Drive, NE, Suite 290, Atlanta, GA 30329, fax to (404) 351-4816, or scan and email to volunteer@jerusalemhouse.org. Thank you!

