



# VOLUNTEER APPLICATION & AGREEMENT FORM

4131 S. Braeswood Blvd. Houston, TX 77025  
832-998-N4NN (6466)  
www.n4nn.org

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

MARRIED  SINGLE  WIDOWED      GENDER:  FEMALE  MALE

AGE?  <18  18 – 39  40 - 49  50 – 59  60 - 69  70 – 79  80 - 89  >90

EDUCATIONAL BACKGROUND

EMPLOYMENT HISTORY

INTERESTS & HOBBIES

LANGUAGES YOU'RE FLUENT IN (BESIDES ENGLISH)

PREVIOUS/PRESENT VOLUNTEER EXPERIENCE

HAVE YOU EVER VOLUNTEERED AT JFS BEFORE?  YES  NO      IF SO, IN WHAT CAPACITY?

I AM INTERESTING IN VOLUNTEERING  1 x week  1 x month  2 x month  Other:

DAYS/TIMES OF AVAILABILITY FOR VOLUNTEER WORK

HOW DID YOU FIND OUT ABOUT VOLUNTEERING FOR N4NN?

DO YOU HAVE ANY PHYSICAL LIMITATIONS OR HEALTH ISSUES (EX: ALLERGIC TO PETS OR SMOKE) THAT MIGHT LIMIT OR RESTRICT YOUR VOLUNTEER PLACEMENT?  YES  NO IF SO, PLEASE EXPLAIN:

## VOLUNTEER DUTIES AVAILABLE

- ADMINISTRATIVE SUPPORT – AT N4NN OFFICES
- ADMINISTRATIVE SUPPORT – WILL TRAVEL
- ADMINISTRATIVE SUPPORT – WORK FROM HOME  PHONE WORK  COMPUTER WORK
- APPOINTMENT BUDDY –  DURING IN HOME APPOINTMENTS  AT MEDICAL APPOINTMENTS
- DISASTER TEAM – INTERESTED IN HELPING TO COORDINATE IN TIMES OF DISASTER
- FRIENDLY VISITOR – AVAILABLE TO VISIT WITH MEMBER IN PERSON (2/MO) AND VIA PHONE (WEEKS WITHOUT VISITS)
- GROCERY SHOPPING/PICK-UP
- HOME EVENT HOST -  CARDS/GAMES  CONCERT  DINNERS  SPEAKERS  MOVEMENT
- INSURANCE EXPERT – AVAILABLE TO HELP EXPLAIN INSURANCE PROGRAMS OR HELP WITH BILLING ISSUES
- BASIC HANDYPERSON/LIGHT HOME MAINTENANCE
- MEDICAL APPOINTMENT BUDDY – WILLING TO ATTEND APPOINTMENTS TO HELP EXPLAIN PROCEDURES OR EVALUATIONS TO MEMBERS OR FAMILY MEMBERS
- PET ASSISTANCE
- PROGRAM LEAD - NAME OF PROGRAM YOU WILL LEAD:
- TECHNOLOGY SUPPORT  
AREA OF SPECIALIZATION:  CELL PHONES  TELEVISION/VIDEO  COMPUTER (PC)  COMPUTER (APPLE)  
 OTHER:
- TRANSPORTATION ASSISTANCE  
*(MUST COMPLETE ATTACHED VIC SW APPLICATION AND BE APPROVED)*
- YARD MAINTENANCE
- OTHER:

## REFERENCES

1) \_\_\_\_\_  
Name Phone & E-mail

2) \_\_\_\_\_  
Name Phone & E-mail

## EMERGENCY CONTACTS

1) \_\_\_\_\_  
Name & Relationship Phone Number

2) \_\_\_\_\_  
Name & Relationship Phone Number

## RELEASE OF LIABILITY

I acknowledge that as a volunteer, I am not an employee of Jewish Family Service or Neighbors 4 Neighbors Network (JFS/N4NN) and understand that I will not be paid for any work I perform. I consent and agree to assume all responsibility for any and all risks or events of damage or injury that may occur in the course of my volunteer work and that I am volunteering at my own risk. I fully and forever release and discharge JFS/N4NN, its officers, employees, agents, and successors from any loss, cost damages or other liability which I may incur in the course of my volunteer work. By signing below, I hereby agree to the Release of Liability as stated above.

Additionally, by signing below, I agree to comply with all the policies and procedures of JFS/N4NN. I also certify that all information in this application is true and complete and that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered at a later date.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

## CONFIDENTIALITY STATEMENT

I understand that all work performed by employees and volunteers of Jewish Family Service for Neighbors 4 Neighbors Network (N4NN) is of a confidential nature.

I, \_\_\_\_\_, understand and agree that in the performance of my duties as an employee or volunteer of N4NN, I must hold member information in confidence. This includes names, descriptions and other identifying information.

I understand that I am not to release phone numbers, addresses and/or financial information to anyone outside of the agency without the member's written consent. I will not provide to any party any confidential records or information without the Coordinator's permission and the member's written consent. I will protect confidentiality during conversations regarding members that are held for legitimate business or treatment purposes, including but not limited to consultation, supervision and/or training.

If I receive a request to provide or share information of the kinds noted above, I will follow written agency policy, including the information stated above. If I have any questions about agency policy, I will consult with the Coordinator as soon as possible. I understand that disclosure of any member's confidential information without appropriate permission and consent may result in corrective or disciplinary action, including termination.

## TERMINATION POLICY

**N4NN** may dismiss a volunteer if she/he fails to fulfill the duties of the position and/or meet the basic standards of professionalism set by the organization and judged essential to its performance. Grounds for dismissal may include but are not limited to: misconduct or insubordination, being under the influence of alcohol or drugs while on duty, theft of property or misuse of the organization's equipment or materials, verbal or physical abuse of members, not following up on an assignment and breach of confidentiality.

### FOR VOLUNTEERS UNDER THE AGE OF 18

For volunteers under the age of 18, **no** background check will be performed but a parent or guardian's signature is required.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian Name (Print)

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Signature of Volunteer

\_\_\_\_\_

Date

# **CRIMINAL BACKGROUND HISTORY SCREENING**

## **CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK AUTHORIZATION/WAIVER/INDEMNITY**

Each volunteer who is to be screened must sign an authorization/waiver/indemnity form, giving approval for the Agency and VERIFIED VOLUNTEERS to perform the criminal background search.

REQUIRED WORDING FOR THE CONSENT FORM FOLLOWS:

I HEREBY GIVE MY PERMISSION IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION FOR **JEWISH FAMILY SERVICE** TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD THROUGH VERIFIED VOLUNTEERS. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCIES, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATION. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART, TO DETERMINE MY ELIGIBILITY FOR AN EMPLOYMENT/VOLUNTEER POSITION WITH THIS ORGANIZATION. I ALSO UNDERSTAND THAT AS LONG AS I REMAIN AN EMPLOYEE OR VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AND A PROCEDURE IS AVAILABLE FOR CLARIFICATION, IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND DEFEND VERIFIED VOLUNTEERS AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, AND ANY AND ALL RELATED ATTORNEY'S FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER/STAFF MEMBER. THIS INDEMNIFICATION DOES NOT INCLUDE ANY GROSS NEGLIGENCE OR INTENTIONAL TORTIOUS CONDUCT ON THE PART OF THE VOLUNTEER CENTER.

N4NN/JFS will pick up the cost of the background check or, if you wish to do so, you may assume all or part of the cost yourself by clicking the appropriate spot on the form.

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Applicant's Signature

Date

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Printed Name

Copy of Drivers License or ID card is attached

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### **FOR OFFICE USE**

Approved?  Yes  No

Date of Training: \_\_\_\_\_

Assigned Duty: \_\_\_\_\_