



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

