



Volunteer Application

Contact Information

| | |
|-----------------|----------------|
| Name | Email Address |
| Address | City/State/Zip |
| Home/Cell Phone | Birthdate |

Person to Notify in Case of Emergency

| |
|---------------------|
| Name |
| Relationship to You |
| Home Phone |
| Cell Phone |
| Work Phone |

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- ☐ working with children
- ☐ working with adults
- ☐ Special Events
- ☐ teaching(reading/homework assistance
- ☐ Fundraising
- ☐ Data Entry/Filing
- ☐ Other

Why are you interested in volunteering?

- ☐ Just want to give back to the community
- ☐ School Requirement
- ☐ Other

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Employment

Current Employer, If Applicable _____

Position/Title _____

Would you like us to keep your employer informed of your volunteer service? No ___ Yes ___ Other ___

Publicity Consent

Volunteer authorizes and permits the JCC to use or publish volunteer's likeness in any form. Volunteer waives any right to inspection or for any compensation.

Agreement and Signature

I certify by my signature below that the facts contained in this form are true and complete to the best of my knowledge. I understand that, if employed or accepted as a volunteer, falsified statements on this form or any other application, pre-employment or volunteer documents shall result in termination of employment and or volunteer assignment when discovered. I agree that this form in original, faxed, photocopied, or electronic (including electronically signed) formats will be valid for any background reports that may be requested by or on behalf of the Company.

| |
|--------------------------|
| Name (ink or electronic) |
| Signature |
| Date |

Non Discrimination Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, National origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

(Optional) At the request of our funders please check one of the descriptions below corresponding to the ethnic group with which you identify.

☐ African/American ☐ Asian ☐ Bi/Multiracial ☐ Caucasian ☐ Hispanic/Latino ☐ Native American/Alaskan Native ☐ Other

Please send completed application, including Background Screening Form to:
Stephanie Rhea, JCC, 2 Millstone Campus Drive, St. Louis, MO 63146,
scan completed forms and e-mail to srhea@jccstl.org or fax to (314)442-3164.

