



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?

- | | |
|------------------------|------------------------|
| ___ Weekday mornings | ___ Weekend mornings |
| ___ Weekday afternoons | ___ Weekend afternoons |
| ___ Weekday evenings | ___ 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

Are you a current employee of the St. Louis JCC? Yes ___ No ___

Current Employer, If Applicable _____

Position/Title _____

Would you like us to keep your employer informed of your volunteer service? Yes ___ No ___ 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. <input type="checkbox"/> African/American <input type="checkbox"/> Asian <input type="checkbox"/> Bi/Multiracial <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> 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.**

