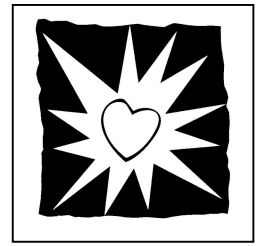


Staying Connected
A program of JFS of York



2000 Hollywood Drive, York PA 17403
717-846-2235 www.stayingconnectedyork.org
A Member of the National Volunteer Caregiving Network

Personal Information:

Name: _____ Phone (H) _____ (W) _____
Cell phone _____
Address: _____ Email: _____
_____ Congregation Affiliation _____
Occupation: _____

Volunteer Options:

- friendly visits
- escort/transportation
- fund-raisers
- shopping/errands
- help in office
- public speaking
- financial bookkeeping
- Medicare counseling

Placement Preference:

I can volunteer: once a week more than once a week as needed other

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

Matching information:

General interests, skills, volunteer experience, languages, and hobbies:

Do you smoke? _____ Are you willing to visit with a smoker? _____
Are you allergic to pets? Which ones? _____
Do you have transportation to get to volunteer assignments? _____
If no, how will you get to volunteer assignments? _____

In case of emergency:

Name: _____ Phone: _____ Relation: _____

References:

Please list two persons we may contact who are not family members.

You may include employers, teachers, religious leaders.

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Address: _____

Screening Information:

Birth date _____ Social Security number _____

Do you have a valid Pennsylvania Driver's License? _____

License Number _____

Insurance Company: _____ Policy No. _____

Have you ever been convicted for violation of any laws, traffic or otherwise? _____

If yes, please explain: _____

Do you have any physical condition that may limit your volunteer activities? _____

If yes, please describe: _____

I understand my birth date and Social Security number have been requested to enable a criminal records check. I authorize that check as well as contact of listed references. Also, I know that if I am to use my vehicle while volunteering, I must assist Staying Connected in submission of a check of my driving record. I also understand misrepresentation or omission of facts is cause for non-appointment to a volunteer position.

Signature: _____ Date: _____

Training Sessions Attended: _____ (Office Use Only)

For further information please contact:
Rachel Kohr
Staying Connected
2000 Hollywood Drive York , PA 17403
(717) 846-2235 rkohr@jfsyork.org